



**Authorization to Disclose Health Information**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ (parent/legal guardian) hereby authorize Kidspeak Management LLC. to disclose and/or exchange specific health information from the records (written and electronic) of the above named child to/from:

Recipient(s) Name/Address/Phone/Fax):

- |                            |                            |
|----------------------------|----------------------------|
| 1. _____<br>_____<br>_____ | 3. _____<br>_____<br>_____ |
| 2. _____<br>_____<br>_____ | 4. _____<br>_____<br>_____ |

**Specific information to be disclosed/exchanged (check all that apply):**

- |                                                             |                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Birth records/history              | <input type="checkbox"/> Nutritional Evaluation             |
| <input type="checkbox"/> Health and Medical Records         | <input type="checkbox"/> Educational Evaluation             |
| <input type="checkbox"/> Admission/Discharge Summary        | <input type="checkbox"/> Psychological Evaluation           |
| <input type="checkbox"/> Occupational Therapy Evaluation    | <input type="checkbox"/> Medical Evaluation                 |
| <input type="checkbox"/> Physical Therapy Evaluation        | <input type="checkbox"/> Multidisciplinary Evaluation       |
| <input type="checkbox"/> Speech Language Therapy Evaluation | <input type="checkbox"/> Individualized Family Service Plan |
| <input type="checkbox"/> Developmental Assessments          | <input type="checkbox"/> Individualized Educational Plan    |
| <input type="checkbox"/> Ophthalmological Evaluations       | <input type="checkbox"/> Progress reports/notes             |

I understand that this authorization will expire on the following date: \_\_\_\_\_

I understand that I will receive a copy of this signed authorization.

Signed: \_\_\_\_\_  
(Parent or legal guardian)

Witness: \_\_\_\_\_

Date: \_\_\_\_\_