



CLINICAL RELEASE OF INFORMATION

Mr.

Mrs.

I, Ms. _____, hereby give Princeton Speech-Language & Learning Center permission to discuss my case with the interdisciplinary professionals involved in my care, and to release any relevant clinical information to those professionals if requested. I also authorize PSLLC to release and/or share any information requested by my insurance company.

(Client's Name)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signature of Patient: _____ Date: _____

Document must be signed by parent or guardian if patient is under 18 years of age.