



**POSITIVE OUTLOOK, INC.** SPEECH-LANGUAGE SERVICES

696 MT. ZION ROAD, SUITE 3B, JONESBORO, GA 30236  
Phone: 404-381-4108 Fax: 404-381-3043

## **AUTHORIZATION TO RELEASE SPEECH THERAPY INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

I request and authorize Positive Outlook, Inc. to release healthcare information of the patient named above to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information

For the specific use or purpose of: (describe in detail) \_\_\_\_\_

**As required by HIPAA Privacy Regulations, protected health information may not be used or disclosed to a third party without patient authorization.**

**I understand that the information disclosed above may be re-disclosed to additional parties and no longer protected for reasons beyond your control.**

**I understand I have the right to:**

1. Revoke this authorization by sending written notice to this office and that revocation will not affect this office's previous reliance on the issues or disclosure pursuant to this authorization.
2. Knowledge of any remuneration involved due to any marketing activity as allowed by this authorization, and as a result of this authorization.
3. Inspect a copy of the Patient Health Information being used or disclosed under federal law.
4. Refuse to sign this authorization.
5. Receive a copy of this authorization.
6. Restrict what is disclosed with this authorization.

**I understand that if I choose not to sign this document, it will not affect my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.**

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**THIS AUTHORIZATION EXPIRES THIRTY DAYS AFTER IT IS SIGNED.**