

Dallas Reading and Language Services HIPAA Release of Health Information

Your family and child's doctor will receive all evaluations and monthly summary reports.
Complete this form if you would like us to send information to another doctor, therapist, counselor, school or teacher.

Information to be released:

- Initial Evaluation and Re-Evaluations Monthly Summary Reports
 Discharge Summary/Evaluation Therapy SOAP notes(only released on request)

I grant permission to release protected health information for my child _____ to the following people or agencies:

Family

List Family members that we can share this information with: _____

List Additional Doctors/health care professionals that you would like to receive these reports

Name: _____ Phone _____ Fax _____

Name: _____ Phone _____ Fax _____

Name: _____ Phone _____ Fax _____

Schools:

Would you like us to share this information with your child's schools and teachers: If yes fill in the information

Name of School: _____ Phone _____ Fax _____

Contact person at the school you would like to receive it: _____

Names of Teachers you would like to receive it: _____

Monthly Summary E-mails E-mail Address: _____

I give permission for Dallas Reading and Language Services to send Monthly Summary Reports to the above listed agency/person via e-mail. All e-mails include a Confidentiality Statement with limited terms of use for the Protected Health Information of the client.

Parent or Guardian Printed Name and Signature

Signature of Parent or Guardian

Date
