



LA SPEECH PATHOLOGY SERVICES, INC.
5625 Windsor Way, Suite #106, Culver City, CA 90230
310.384.5317 | Fax: 310.943.3333 | laspeechguy@gmail.com
www.laspeechpathologyservices.com

MEDICAL INFORMATION RELEASE FORM

HIPAA RELEASE FORM

RELEASE OF INFORMATION-CONFIDENTIAL

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

() _____

() _____

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call () Home () Work () Cell Phone

() You may leave a detailed message

() Please leave me a message asking me to return your call

Signature _____ Date _____