

**CLIENT/PARENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Center for Speech & Language, Inc. to use and disclose protected health information (PHI) about myself/my child to carry out treatment, payment and healthcare operations (TPO). Center for Speech & Language, Inc.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Center for Speech & Language, Inc. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Center for Speech & Language, Inc. Privacy Officer at 5020 Goddard Ave., Orlando, FL 32804.

With this consent, Center for Speech & Language, Inc. may obtain and/or release protected health information about my/my child's evaluation and/or treatment to other professionals. I will be asked to specify either verbally or in writing, to whom I would like reports and/or other PHI sent and/or from whom I would like information obtained. This information may include, but is not limited to, written evaluation or progress reports, and telephone communication. When possible, Center for Speech & Language, Inc. will inform me verbally prior to initiating communication with other professionals. I will not necessarily, however, be informed of every communication with my child's teachers if my child is seen at his/her school.

With this consent, Center for Speech & Language, Inc. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my/my child's clinical care.

With this consent, Center for Speech & Language, Inc. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as client statements.

With this consent, Center for Speech & Language, Inc. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as client/parent communications (homework assignments, etc.). With this consent, Center for Speech & Language, Inc. may send notebooks and/or papers containing treatment information that may be seen by others, home with my child.

I have the right to request that Center for Speech & Language, Inc. restrict how it uses or discloses my PHI to carry out TPO. This request must be made in writing. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Center for Speech & Language, Inc.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Center for Speech & Language, Inc. may decline to provide treatment to me/my child, if it is determined that my/my child's treatment may be negatively impacted by the revocation of consent.

Signature of Client/Parent or Legal Guardian

Date

Print Name of Client/Parent or Legal Guardian

Client's Name