

Reingold



Therapy Services

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Consent for Exchange of Information

By signing below, I give permission for Reingold Speech Therapy Services, LLC to exchange information pertaining to my child's speech and language development with the following:

Name: _____
Organization: _____
Address: _____
Phone: _____
Fax: _____
E-mail: _____

Information may consist of telephone conversations, e-mail, or written documents regarding progress in speech therapy.

This authorization shall remain valid for one year from the signature date below.

Signature and Date: _____

Printed name: _____

Relationship to Patient: _____

Patient's Name: _____