We Need to Talk and More! LLC Speech, Language and Occupational Therapy
Phone (505)675-0689 Fax (505)633-7926 weneedtotalkllc@gmail.com

RELEASE OF INFORMATION

I, ____________________________, hereby give We Need To Talk and More! LLC permission to discuss my case with the interdisciplinary professionals involved in my care, and to release any relevant clinical information to those professionals if requested. I also authorize WNTT to release and/or share any information requested by my insurance company.

Client: __________________________ Date of Birth:_____________________

Name of person/agency: ______________________ Contact Information: ___________________

Name of person/agency: ______________________ Contact Information: ___________________

Information to Be Released:

☐ Medical History

☐ Therapy Evaluation ☐ SLP ☐ OT ☐ PT

☐ Treatment Notes ☐ SLP ☐ OT ☐ PT

☐ School Records (Evaluations, IEP, academic reports, etc.)

☐ Other: ____

For the Purpose Of: (check all that apply)

☐ Coordinating care with other professionals

☐ Providing continuity of services

☐ Updating therapeutic progress

☐ Other: ____

☐ I grant permission to exchange information via written and mailed report, phone call, meeting, email, or fax.

I understand that this authorization will remain valid until written revocation of this authorization is presented.

Signature of Patient: ___________________________________ Date: _______________
*Document must be signed by parent or guardian if patient is under 18 years of age.