



RELEASE OF INFORMATION FROM SOUTHEASTERN

Client: _____ **Date of Birth:** _____

Clinic Case #: _____

In accordance with the Health Insurance Portability and Accountability Act (HIPAA, 1996, <http://www.hhs.gov/ocr/hipaa>), I, _____, hereby authorize Southeastern Louisiana University Speech-Language-Hearing Clinic to release Speech-Language-Hearing evaluations and progress reports regarding myself/my child/my dependent to: (Name and Address below)

This release is valid from _____ until _____.

Client/Parent/Guardian

Date