

Dana Rimer Speech Therapy  
16 Abington Road  
Danvers, MA 01923  
(978) 766-4026

Consent for the Release of Confidential Healthcare Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

*I hereby authorize Dana Rimer Speech Therapy to disclose and release information for the purpose of evaluating and treating my child to:*

Name of Contact: _____
Affiliation: _____
Address: _____ _____
Phone: _____
Name of Contact: _____
Affiliation: _____
Address: _____ _____
Phone: _____

*I additionally authorize above named individual or agency to disclose information to Dana Rimer Speech Therapy.*

Signature: \_\_\_\_\_

Date \_\_\_\_\_