



Verbal Expressions, Inc

Release of Confidential Information

TO: (Person/Agency Releasing Records) Date: _____

You are requested and authorized to release confidential medical (i.e. prescriptions for services, plan of care, insurance payments, Explanation of Benefits, etc.) social, psychological, psychiatric, or educational information/records to Verbal Expressions, Inc. that you have or may receive pertaining to my child:

Child's Full Name: _____

Date of Birth: _____

Address: _____

Verbal Expressions, Inc. may also release confidential speech-language records to the above named individual (i.e. physician), or company on my child.

Parent/Guardian Signature Date