



Information Exchange & Release of Information Form

This form has been designed to facilitate communication among the child's medical team, school personnel, early interventionist/s (if applicable), and private therapist/s. I/We understand that this authorization may be revoked in writing at any time. Otherwise this consent automatically expires two years from the date of the signature. I/We hereby authorize and request Shenandoah SOUNDstart, LLC to secure and/or release medical, social, educational, and other clinical information regarding the patient named below.

Patient's Name: _____ **Date Of Birth:** _____

Legal Custodian's Name(s): _____

Address(es): _____

This authorization applies only to the following individuals/institutions: If not completed, no information will be released from the office.

Primary Care Physician

Primary Physician Name/ Practice: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Daycare/School/ Early Intervention Program:

Name of School: _____ District of Residence: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____



Shenandoah SOUNDstart, LLC
Pediatric Therapy Center

Therapist/Audiologist/Specialist/ENT

Organization _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Other:

Organization Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

I/We give permission for Shenandoah SOUNDstart, LLC to disclose/request information regarding scheduling of school-based appointments, therapy, school performance, and/or any information deemed relevant to academic therapy success. I/We give permission for Shenandoah SOUNDstart, LLC to communicate via email, information, (i.e., evaluations, therapy updates, and/or other clinical information regarding the patient listed above). Information will not be disclosed to anyone not specifically listed.

I hereby further direct that a copy of this authorization shall be deemed to be as valid as the original for all purposes authorized herein.

Parent/Guardian: _____ **Signature:** _____

Date: _____