



Kelli Murdock Eickelberg, MA-CCC
Speech-Language Pathologist

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AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

I, _____, parent / guardian of _____,
give Kelli Murdock Eickelberg, MA,CCC-SLP permission to exchange information with the below named parties/agencies. I also give the below named parties/agencies permission to share information with Kelli Murdock Eickelberg, MA,CCC-SLP. I understand that this information may include data both created and received by Kelli Murdock Eickelberg, MA,CCC-SLP and may be transmitted via written reports, or records, phone conversations, e-mail and/or voice mail correspondence, and in-person conversations. *** Please note that e-mails will be transmitted via a non-secure website.**

I understand that Kelli Murdock Eickelberg, MA,CCC-SLP may use and disclose information about my child in order to:

- *make decisions about and plan for my child's care and treatment;
- *refer, consult with, coordinate among, and manage along with other health care providers and educators for the care and treatment of my child;
- *determine my child's eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my child's speech-language services;
- *perform various office, administrative and business functions that support the efforts of Kelli Murdock Eickelberg, MA,CCC-SLP to provide my child with, arrange and be reimbursed for quality, cost-effective speech-language pathology services.

I understand that I have the right to ask that some or all of my child's speech-language therapy and related information not be used or disclosed in a particular manner that is not agreeable to me. This must be done in writing.

I also understand that I may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any use or disclosure already made with your permission cannot be undone.

To amend or revoke this authorization, please send a written statement indicating that you are revoking this authorization to: Kelli Murdock Eickelberg, MA,CCC-SLP at 7701 SW. Cirrus Dr., Suite 32-D, Beaverton, Oregon 97008.

For your information, I utilize the services of a secure third-party vendor to record daily chart notes, compile testing data and produce comprehensive progress reports.

Parties / Agencies

1. _____

2. _____

3. _____

4. _____

5. _____

By signing below, I agree that I have reviewed and understand the information above. Unless revoked, this authorization expires one year from the dated indicated below.

Parent/Guardian Signature: _____

Relationship to client: _____

Date: _____