



Authorization to Discuss Evaluation and Treatment

Patient name: _____

I, _____, hereby give my authorization for
(Print name)

_____, Audiologist

and/or

_____, Speech Language Pathologist

to discuss

___ the results of the patient's evaluation

___ the patient's treatment (e.g. speech therapy)

with the following people:

Name of Person:

Relationship:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Patient/Guardian signature)

(Date)