Speech & Hearing ASSOCIATES
SHA Since 1969
AUDIOLOGY • HEARING AIDS • SPEECH THERAPY
- Exceptional care for the entire family -

Authorization for Release of Information from SHA

RE: _____ _____
PATIENT NAME DATE OF BIRTH

I AUTHORIZE RELEASE OF THE FOLLOWING INFORMATION:

_____ Speech Language Evaluation _____ Language Processing Evaluation
_____ Audiological Evaluation _____ Central Auditory Processing Evaluation
_____ Chart Notes _____ Progress Reports
_____ Other _____

DATE(S) OF SERVICE: _____

RECORDS FROM: SPEECH AND HEARING ASSOCIATES, LLC

Patient was seen at the following locations of Speech & Hearing Associates:

___1030 St. Georges Ave., Avenel, NJ 070011
___590 Anderson Ave., Cliffside Park, NJ 07010
___784 Chimney Rock Rd., Martinsville, NJ 08836
___74 Pascack Rd., Park Ridge, NJ 07656
___556 Eagle Rock Ave., Roseland, NJ 07068
___150 Flanagan Way, Secaucus, NJ 07094
___3155 Route 10 E, Denville, NJ 07834
___121 S. Euclid Ave., Westfield, NJ 07090
___60 Notch Rd., Woodland Park, NJ 07424

PLEASE PROVIDE THE RECORDS REQUESTED ABOVE TO:

_____
(Person, Organization, or Institution)

_____
(Street Address)

_____
(City) (State) (Zip)

_____ _____
PATIENT OR PARENT/GUARDIAN SIGNATURE DATE

_____
PRINTED NAME

rmfk/12