



ASSOCIATED
SPEECH &
LANGUAGE
SPECIALISTS LLC

Authorization for Release of Information via Email/Voicemail

Email

I authorize Associated Speech and Language Specialists, LLC (ASLS) to contact me and/or other professionals involved in my or my child's care, via electronic mail (email). I am aware that ASLS does not have encrypted email software and cannot guarantee that information transmitted via email will not be intercepted by other parties. By signing this form, I agree to not hold ASLS or its employee responsible for any breach of confidentiality that may occur by someone else accessing the information contained in any emails sent to or from ASLS regarding my or my child's personal health information. I understand that reasonable means will be used to protect the security and confidentiality of the email. All concerns to and from me regarding my personal health information will be a part of my medical record and can be viewed by health care and insurance providers and the therapist's office support staff. My email will not be forwarded outside the office without my consent or as required by law.

EMAIL: _____

Voicemail

ASLS has my permission to leave detailed clinical information on my voicemail or answering machine including messages regarding appointments.

This release may be revoked at any time by written notice and is valid until such revocation is received by ASLS.

Client's Name (Please Print)

Client's/Guardian's Signature

Date

www.associatedspeech.com