



MINNESOTA
**MASONIC
 CHILDREN'S CLINIC**
 FOR COMMUNICATION DISORDERS

Minnesota Masonic Children's Clinic for Communication Disorders

Formerly Scottish Rite Clinic for Childhood Language Disorders

24 W. Second St.

Duluth, MN 55802

218.720.3911

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Visit us at: www.MasonicChildrensClinic.org

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize The Masonic Children's Clinic to give written and verbal information to, and to receive written and verbal information from:

Agency: _____

Agency Contact Name(s): _____

Agency Address: _____

Agency City: _____ State: _____ Zip: _____

Agency Phone #: _____ Fax #: _____

RE: _____ DOB: _____ as follows:
Client name Client birthdate

Information to be released:

- IEP/IFSP/Special Education Records Hearing/Audiology Assessments
- Speech/Language Assessments Speech/Language Treatment Summaries
- Medical records related to: _____
- Other (specify): _____

- I understand that this authorization takes effect the day that I sign it and *expires in one year*.
- I understand that I may revoke this authorization at any time by notifying the Masonic Children's Clinic in writing, and the revocation will be effective on the date notified except to the extent action has already been taken.
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.
- I understand by authorizing this authorization, there will be no conditions placed on the client's language therapy.
- I understand that I will receive a copy of this form after I have signed it.

 Signature of parent /guardian

 Relationship to client

 Date