

# Advanced Speech & Language Associates

## Permission for Release of Information

I give my permission for Advanced Speech & Language Associates, LLC to exchange/obtain information on \_\_\_\_\_ for the purpose of providing speech and language services.

Information may be exchanged/obtained with the following:

\_\_\_\_\_  
(Facility/Physician)

\_\_\_\_\_  
(Facility/Physician)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_