Bird-Kern-Dalmia
Speech & Language Pathologists
1101 S. Winchester Blvd, Suite E-155, San Jose CA 95128
www.birdkernanddalmia.com • 408-379-0245

Release of Client Information

Child's Name: _____ Date of Birth: _____

Legal Guardian: _____ Relationship to Child: _____

I authorize Bird-Kern-Dalmia to share any or all clinical records, reports, therapy notes, test results, or other information pertaining to the clinical care of the above named client to the persons or entities listed below for the sole purpose of benefitting the client. If there is clinical information I do not want disclosed, I have identified it on this form. I acknowledge this authorization is voluntary and refusal to sign will not affect commencement, continuation, or quality of my care at Bird-Kern-Dalmia. I understand I have the right to revoke consent except to the extent that action has already been taken based on this authorization. I also understand that Bird-Kern-Dalmia cannot guarantee that confidential information will not be re-disclosed by a recipient. This Release of Information will remain in effect unless revised or terminated by me in writing.

_____ _____

Legal Guardian's Signature Date

_____

Name of agency with which information can be shared

_____

Name of contact person at agency listed above

_____

Contact person's address, email and/or phone

_____

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