

UNIVERSITY OF WASHINGTON
SPEECH AND HEARING CLINIC
4131 15TH AVENUE N.E.
Seattle, WA 98105
Phone: (206) -543-5440
Fax: (206)- 616-1185
<http://depts.washington.edu/sphsc>

Speech & Language: Mutual Exchange of Information

I hereby give permission for the mutual exchange of information regarding:

(Clients First Name Middle Name Last Name) (Date of Birth)

between the University of Washington Speech and Hearing Clinic and the following agency, professional or individual:

(Name)

(Address)

(City) (State) (Zip)

Attention: _____

This release is good for ninety (90) days from the date below and must be renewed for use beyond that time. I understand that I will be notified of any other requests for information that are received by this office, in order to give my permission to release this information of the above named individual. I understand this information will be shared for professional use only and that confidentiality will be maintained. I may revoke this release in writing at any time.

(Signature of Client or Guardian) (Date)

(Signature of Client or Guardian) (Date)

(Signature of Client or Guardian) (Date)

(Signature of Client or Guardian) (Date)