



Inspiring Talkers
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Firestone, CO 80504
(720) 252-6849

Authorization for Use and/or Disclosure of Protected Health Information

I HEREBY AUTHORIZE INSPIRING TALKERS, LLC TO RELEASE/EXCHANGE THE FOLLOWING INFORMATION CONCERNING:

(Patient's Name) (Date of Birth)

Dates of treatment Requested: _____

(Below please list who you would like us to send records to)

Disclose/Exchange Records To:

Name: _____
Address: _____
City/Zip: _____
Phone Number: _____
Fax Number: _____

Disclose/Exchange Records To:

Name: _____
Address: _____
City/Zip: _____
Phone Number: _____
Fax Number: _____

Disclose/Exchange Records To:

Name: _____
Address: _____
City/Zip: _____
Phone Number: _____
Fax Number: _____

Disclose/Exchange Records To:

Name: _____
Address: _____
City/Zip: _____
Phone Number: _____
Fax Number: _____

Records can be mailed, emailed, faxed, and picked up in person, upon verbal request.

Signature: _____

Date: _____

Patient Parent Legal Guardian