



Phone: 773-388-8918

Fax: 773-388-8914

2925 N. Southport

Chicago, IL 60657

speechinthecity@sbcglobal.net

Release of Information

I, _____, authorize SPEECH IN THE CITY to release speech therapy records including , evaluations, progress notes, and any subsequent reports for my child, _____ to the following parties. I also authorize verbal communication regarding my child's therapy at Speech in the City.

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Parent signature: _____

Date: _____



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Privacy Statement

Speech in the City, LLC understands that your child's medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information". Protected health information includes any individually identifiable information that we obtain from you or others that relates to your child's past, present, or future health care as it pertains to speech therapy, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information.

Permitted Uses and Disclosures

The disclosure of your child's protected health information for purposes of treatment, payment and health care operations is permitted. For each of these categories of uses and disclosures, we have provided a description and an example below.

Treatment means the provision, coordination, and management of your child's therapy, including consultations between educators and other health care providers regarding your child's care and referrals for health care from one provider to another. For example, a school which provides a regular diet to its' students may need to know if your child has the oral motor capabilities to manage various textures. In addition, the school may need to contact us to create an oral motor program appropriate to your child's care.

Payment means the activities we undertake to obtain reimbursement for speech therapy provided to your child, including billing, collections, claims management, determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide information to your Third Party Payer about your child's medical condition to determine whether the proposed course of treatment will be covered. When subsequently billed, the Third Party Payer for the services rendered to you may require information regarding your child's therapy if necessary to obtain payment.

Research refers to the collection and utilization of information for the purposes of furthering knowledge or sharing information between ourselves and other professionals. Before such information is shared informed consent will be given by the child's parent or guardian.

This notice is effective as of January 1, 2004

Terri Gartenberg, Ph.D., CCC-SLP
Speech in the City, LLC

Parent/Guardian

Date