



**RELEASE OF INFORMATION**

I have reviewed *Cheryl D. Lindsay's, Speech-Language Pathologist Privacy Policy* about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I agree to *Cheryl D. Lindsay, Speech-Language Pathologist* collecting, using and disclosing personal information about me as set out above and in *Cheryl D. Lindsay's, Speech-Language Pathologist Privacy Policy*.

**Client's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Specific information required:** \_\_\_\_\_

**Purpose for information:** \_\_\_\_\_

**Cheryl Lindsay, M.S., S-LP is authorized to obtain and/or release information to:**

- 1. \_\_\_\_\_  
(name of person/organization, and contact/email)
- 2. \_\_\_\_\_  
(name of person/organization, and contact/email)
- 3. \_\_\_\_\_  
(name of person/organization, and contact/email)
- 4. \_\_\_\_\_  
(name of person/organization, and contact/email)
- 5. \_\_\_\_\_  
(name of person/organization, and contact/email)
- 6. \_\_\_\_\_  
(name of person/organization, and contact/email)

**the above-mentioned information by myself,**

\* \_\_\_\_\_, on this **day** \_\_\_\_\_, \_\_\_\_\_.  
(Signature of Caregiver) (Month) (Year)

**Relationship to client:** \_\_\_\_\_