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## **REQUEST FOR RELEASE OF MEDICAL RECORDS**

TO: \_\_\_\_\_

Description: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby request that my medical records, pertaining to speech therapy, be released to Pathways Speech Therapy Inc. for the purpose of comprehensive evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Records may be mailed or faxed. Please call us if there are any questions or concerns.

This message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at either the email address, fax or the telephone number above and delete this e-mail from your computer [or discard this fax]. Thank you.