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## **Exchange of Information/Release of Records Form - Insurance**

I, \_\_\_\_\_ (parent/guardian name), give my permission to  
the staff at *Bright Stars Pediatric Speech Therapy, Inc.* to exchange information regarding my  
child,

\_\_\_\_\_ (name of child) with my insurance company

including written records requested such as the child's diagnosis, therapy program, assessment  
report, goals, dates of service, codes used, etc. via phone, fax, or email:

**Insurance Company:**

\_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Primary Policy Holder:** \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*If divorced and sharing joint custody under court order, both parents must sign below to give  
us permission to exchange information

\_\_\_\_\_  
Signature of second parent

\_\_\_\_\_  
Date

\*\* Permission can be revoked at any time by written request\*\*