 **Hamaguchi & Associates**

**Pediatric Speech-Language Pathologists, Inc.**

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Cupertino, CA 95014

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

I*, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name),* give my permission to

the staff at Hamaguchi & Associates 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Parent Signature Date

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

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Signature of second parent Date

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