



Harpers Heart's LLC, Lisa H. McCall M.S., CCC-SLP

Consent for Services and Exchange of Information

CONSENT FOR SERVICES AND EXCHANGE OF INFORMATION

I hereby grant Harpers Hearts, LLC permission to provide services to my child, which may include a speech and language screening, evaluation, and/or therapy.

I also authorize Harpers Hearts, LLC to release information in my child's record, including evaluation results, goals, therapy notes, or progress notes to:

- ☐ My child's pediatrician: _____
- ☐ My child's school / preschool: _____
- ☐ The CDSA
- ☐ Other: _____

The purpose of any exchange will be to coordinate patient care.

I understand that this consent is voluntary and that I may revoke this consent in writing at any time.

Patient Name

Date of Birth

Parent / Guardian Name

Date