Upstate Pediatric Speech Therapy Services, Inc.
310 New Neely Ferry Rd. Mauldin, SC 29662
Office 864-438-0990 Fax 864-478-8383
www.pedspeechtherapy.com

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize Upstate Pediatric Speech Therapy Services, Inc. (uPs Therapy Services) to use and disclose my individually identifiable Protected Health Information (PHI) in the manner described below. I understand that my PHI may be redisclosed by the person or entity receiving my PHI from uPs Therapy Services, and that it then may no longer by protected by federal privacy regulations. I voluntarily sign this authorization, and I understand that my healthcare will not be affected if I do not sign this form.

The authorization covers the following PHI: MEDICAL RECORDS and/or CLAIMS/BILLING

Amount of PHI: Medical Records; The recipients are medical/claims billing representatives for insurance billing. School personnel for program planning.

I authorize my PHI to be used and disclosed. I understand that I have the right to receive a copy of this authorization. I also understand that I may revoke or modify this authorization at any time by notifying uPs Therapy Services in writing.

Name of Patient:_____ DOB:_____

_____ _____

Date Signature of Parent/Legal Guardian