

The Bayles Family Speech Center, LLC  
Branchburg, NJ  
908-578-0825/bfsc05@verizon.net  
www.baylesfamilyspeechcenter.com

### Authorization for Release of Information

I give Denise Favor Bayles, MA, CCC-SLP permission to use or share my health information with:

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The information that will be used or shared includes (check all that apply):

- My medical records
- My treatment records (progress notes, daily records)
- My speech, language, or swallowing test results
- Other: \_\_\_\_\_

This information is being used or shared because:

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This authorization will expire:

- On \_\_\_\_\_ (date)
- After the following event happens: \_\_\_\_\_

I understand that:

- I do not have to sign this authorization. I will still be able to get treatment here even if I do not sign it.
- I am allowed to see or copy the health information that will be used or shared.
- I can take back this authorization at any time. I need to write to Denise Bayles, MA, CCC-SLP at the Bayles Family Speech Center, LLC to do this.
- Any information that was used or shared before I took back the authorization cannot be returned.
- The person or organization that gets my health information because of this authorization may have the right to share it with others without my permission.

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Print Patient's Name

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Date

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Patient or Parent/Guardian Signature

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Relationship to Patient