

Look Whoo's Talking, LLC  
616 State Rd 13 Suite  
Fruit Cove, Florida, 32259  
(727)-667-7282

<https://www.facebook.com/lookwhoostalkingllc>

## Authorization to Exchange, Obtain or Release Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_

I \_\_\_\_\_ (client or family member) hereby grant  
Look Whoo's Talking, LLC and/or Chelsea Knowles, MS, CCC-SLP  
permission to communicate with the following person or agency:

Name:

Contact Information:

Information to Be Released:

- Medical History  
 Therapy Evaluation  
     SLP    OT    PT    Other: \_\_\_\_\_  
 Treatment Notes  
     SLP    OT    PT    Other: \_\_\_\_\_  
 School Records (Evaluations, IEP, academic reports, etc.)

For the Purpose Of: (check all that apply)

- Coordinating care with other professionals  
 Providing continuity of services  
 Updating therapeutic progress  
 Other \_\_\_\_\_

I grant permission to exchange information via written and  
mailed report, phone call, meeting, email, or fax.

I understand that unless revoked, this authorization will remain valid until written revocation of this authorization is presented.

\_\_\_\_\_ Print Name of  
Client Date \_\_\_\_\_

Signature of Client or Legal Representative Relationship to Client \_\_\_\_\_

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