

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES
THE ROBERT L. DOUGLASS SPEECH LANGUAGE CLINIC**

AUTHORIZATION FOR REQUEST/RELEASE OF INFORMATION

Client Name: _____ **Date:** _____
Address: _____ **Telephone Number:** _____
_____ **Birthdate and/or Social Security Number:**
Clinic File No.: _____ _____

Section A. RELEASE OF INFORMATION

I hereby authorize the release of medical, psychological, audiological, and/or educational (including speech and language) information to the agency and for the purpose described below. I understand that this authorization is voluntary. I also understand that if the organization receiving this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

FROM: California State University, Los Angeles **TO:** _____
Robert L. Douglass Speech-Language Clinic _____
5151 State University Drive _____
Los Angeles, CA 90032-8180 _____

Specific information being sent: _____

Section B - REQUEST FOR INFORMATION

I hereby authorize the request of medical, psychological, audiological, and educational (including speech and language) information. I understand that this authorization is voluntary. I also understand that California State University will protect the confidentiality of this information, and that the information will not be shared with any other agency without my explicit permission.

FROM: _____ **TO:** California State University, Los Angeles
_____ Robert L. Douglass Speech-Language Clinic
_____ 5151 State University Drive
_____ Los Angeles, CA 90032-8180

Specific information requested: _____

This information is for the purpose of: _____

Section C. Must be completed for all authorizations

I understand that I may revoke this authorization at any time by notifying the providing organization in writing of my intent to do so. If I choose to do so, it will not have any affect on any actions taken before the agency received the revocation.

Signature of client or client's representative **Date:** _____

Relationship to client: _____

Supervisor **Date:** _____