

# University of Florida Speech and Hearing Clinic

## Authorization for Release of Information

Speech and Hearing Clinic  
435 Dauer Hall  
P. O. Box 117420  
Gainesville, FL 32611  
(352)392-2041

Permission is hereby given to the above named agency to secure and/or release protected health information for professional use from the records of

\_\_\_\_\_

(Name of Patient)

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

The staff and faculty of the University of Florida Speech and Hearing Clinic will uphold the highest ethical and legal standards with regard to disclosure of information regarding any patients in our clinic. To that end, the following policies are implemented to insure your protection with regard to the sharing of information with other professionals:

1. We will not release or disclose any protected health information (PHI) to any individual or agency without your express written consent including a listing of those to whom you would like information sent.
2. We will not use any information regarding your symptoms, diagnosis, assessment, or treatment for educational purposes without your consent. When information is used for educational purposes, your name and file number will not be revealed.
3. Each patient in our clinic has the right to see and correct any records, and to obtain a disclosure history if so desired.
4. Information for billing or treatment will not be shared without the client's express written consent.
5. All students, staff, and faculty participating in the Speech and Hearing Clinic will be taught to respect these policies and procedures with regard to protecting the rights and privacy of our patients.
6. Documents to be discarded that contain PHI will be shredded in the clinic office, and the shredded paper will be recycled by the University of Florida.