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CONSENT TO RELEASE INFORMATION

PATIENT NAME: _____

DOB: _____

RESPONSIBLE PARTY: _____

RELATIONSHIP TO PATIENT: _____

I HEREBY GRANT PERMISSION TO:

TO RELEASE THE FOLLOWING DOCUMENTS:

TO:

OAHU SPEECH/LANGUAGE PATHOLOGY CONSULTANTS

SIGNATURE OF RESPONSIBLE PARTY

DATE

Federal regulations (42 CFR Part 2) prohibit receiving party from making any further disclosure of information without specific written consent of the person to whom it pertains,

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