



## Orange County Speech, Language & Learning Center

31831 Camino Capistrano, Franciscan Promenade, Suite 100  
San Juan Capistrano, CA 92675  
Phone: (949) 487-5251  
Fax: (949) 487-5242  
Email: learningismagic@sbcglobal.net

---

**Patient Name** — Last/First/Middle Initial

---

**Date Of Birth**

---

**Name of Parent/Guardian**

---

**Home Phone #**

---

**Cell Phone #**

---

**Street Address**

---

**City, State**

---

**Zip Code**

---

**Emergency Contact**

---

**Relationship**

---

**Phone #**

The undersigned hereby requests and authorizes **Orange County Speech, Language & Learning Center** to release any information and/or files to \_\_\_\_\_ concerning the above named patient, a minor child. This authorization will be valid for one year from the date set forth below. The undersigned has the right to revoke this authorization at any time and has the right to a copy of this authorization.

The undersigned hereby releases **Orange County Speech, Language & Learning Center**, including their employees and agents, from any and all liability including, but not limited to, California Health and Safety Code Section 123100-123149.5, California Civil Code Section 56 et. Seq., and The Health Insurance Portability and Accountability Act of 1996 (HIPPA), in connection with the release of the requested information and/or files.

---

**Signature**

---

**Date Signed**

---

**Print Name**

---

**Relationship to Patient**