



**NORTHERN MICHIGAN  
UNIVERSITY**

**SPEECH, LANGUAGE, HEARING SCIENCES PROGRAM**

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## AUTHORIZATION TO RELEASE INFORMATION

I hereby grant permission to the Speech, Language, and Hearing Sciences Program of Northern Michigan University, Marquette, Michigan, to release to appropriate professional agencies and individuals formal reports contained in the clinical record of:

\_\_\_\_\_  
(Name of Client)

Specify the agencies/professionals, along with their addresses, to whom we should release information:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

I also authorize the Speech, Language, and Hearing Sciences Program to make the necessary and constructive use of verbal and written information, sound and video recordings, and other records pertaining to the evaluation, treatment and other services rendered the above person and/or his or her family by said department. It is understood that the Speech, Language, and Hearing Sciences Program will exercise due discretion in making use of these materials for educational, recruiting, and professional purposes only and will protect the identity of the person or persons to whom the materials pertain in accordance with the Electronic Data Interchange (EDI) Rule of the federal Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

It is the responsibility of the client or his/her responsible party to obtain and provide copies of related reports to the NMU Speech, Language, and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

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

Signature: \_\_\_\_\_

Relationship to the client: \_\_\_\_\_