

**Purvi Gandhi, M.A., CCC-SLP, TSSLD
Certified Speech-Language Pathologist
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(917) 860-3373
License# 016449-1**

Consent to Release Form

I, _____ give my permission and consent to Purvi Gandhi Speech Language Pathology Services to discuss and speak with school officials, teachers, psychiatrists, medical doctors, other occupational therapists, and other professionals (collectively, Third Party Professionals) regarding my child (or the child under my care) as such may be needed in connection with the treatment and/or evaluation of such child by the company.

In addition, the company is authorized to receive any records, files, charts, and other documentation and information from such Third Party Professionals, and by signing this document, the undersigned is authorizing the release of any such information that may be held by a Third Party Professional to the Company. Any person who is provided a copy of this document may rely on it as the undersigned's full and unconditional consent to the release of any and all information pertaining to the child. The undersigned further authorizes to release any and all information pertaining to the treatment and/or evaluation of the child to any Third Party Professionals that may in any way be involved in the treatment and/or evaluation of the child.

The undersigned understands that some or all of the information obtained and/pr released under this document may be protected under federal regulations including but not limited to HIPPA. By authorizing, a release of information as set forth above, the undersigned understands and agrees that they are agreeing to the release of such information notwithstanding the protections under HIPPA, provided, however it is understood and agreed that the company will maintain the confidentiality of any information obtained will not disclose the same except as needed in the course of treating or evaluating the child.

The undersigned for his/herself and his or her successors and assigns, does hereby hold the company harmless from any and all claims relating to the release of information as provided above, and do hereby waive and release any claim against the company relating to the release of such information as provided above.

Agreed and Accepted

_____.

Signature and date

Print Name