



AND ASSOCIATES

Speech Pathology + Applied Behavior Services

www.dowerandassociates.com | established 1993

Medical Records Release Form Authorization to Use Or Disclose Protected Health Information

1) I, _____, of _____, parent/guardian of
(Parent/Guardian) **(City, State)**

_____ Date of birth: _____ hereby authorize
(Client Name)

Dower and Associates, Inc. to use, disclose and/or discuss the following protected health information listed below from my medical records. I understand the information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting confidentiality.

2) Persons or entities with whom Dower and Associates, Inc. may disclose/discuss your Protected Health Information: (Releasees- e.g., Doctors, Dentists, Therapists, Schools/Teachers, etc.)

Name / Title	Address	Contact information (phone and/or email)

Dower and Associates, Inc.

Corporate Office Address: 9845 Business Way, Manassas, Virginia 20110

Leesburg Office Address: 20600 Red Cedar Drive Leesburg, VA 20175

Phone: (703) 618-6180 Facsimile: (703) 257- 4841

Email: information@dowerandassociates.com

Speech/Language Evaluations & Therapy * Academic & Remedial Tutoring * Educational Consultations
IEP Development & Consultations * Applied Behavior Analysis (ABA) Instruction, Consultation and Training

3) Dower and Associates, Inc. is authorized to disclose/discuss the following information, including but not limited to medical records; treatment records (e.g., progress notes, daily session notes); speech, language, academic, and/or swallowing test results; and evaluations/therapy progress as it relates to therapy/treatment and evaluations at Dower and Associates, Inc.

4) This information is being used or shared for medical, insurance, legal, and/or educational purposes.

5) I understand that I may revoke this authorization at any time by requesting such of Dower and Associates, Inc. in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

Parent/Guardian Signature

Parent/Guardian Name Written Out

Client Name

Date

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