RELEASE OF INFORMATION

I, _____, hereby grant permission to Park City Speech and Language Therapy, and its employees to release information related to my child, _____'s plan of care to:

1) ____ Only the people listed below:

_____ _____

_____

2) ____ All professionals involved in my child's care, including my insurance company, for information exchange pertinent to my child's treatment program.

_____ _____
Signature of parent /guardian Date

AGREEMENT OF PAYMENT

I, _____, agree to be responsible for charges incurred in the (Print Name) treatment of _____. I fully understand that Park City Speech and Language Therapy does not submit insurance claims and it is my responsibility to obtain and submit all necessary documentation to receive such reimbursement. Payment for services is expected at the time of services or within the agreed payment schedule. If billed on a regular payment schedule, payment is due within 15 days of receipt of statement. I also accept responsibility for legal fees incurred in obtaining payments should my account become delinquent.

_____ _____
Signature of parent /guardian Date