

Center for Speech, Language and Learning, Inc
6230 Tenth St., Suite 220
Oakdale, MN 55128
651-739-2300

Consent for Record Access and the use of Photographs

I understand that my records are protected under state and federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke this consent at any time. I understand that information is limited to staff whose work assignments reasonably require access to my data for the purposes specified as related to the services provided.

Executed this _____ day of _____ 200__

- I do not give my permission to photograph my child for any purposes.
- I give my permission to photograph my child and use photographs solely for the purpose of confidential therapeutic purposes (such as social skill group learning or for parent education and review).
- I give my permission to photograph my child and use photographs in promotional materials, such website or brochures.

Parent/ Guardian / Legal Representative Signature

Acknowledgement of Receipt of Privacy Policies

I have been informed of and received a copy of Center for Speech, Language and Learning, Inc.'s policies regarding my Protected Health Information and how it will be used, as well as when written consent is and is not required.

Print Name _____ Date _____

Signature _____