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Consent to release client information

I, _____, consent to the exchange of information regarding my child with my Speech-Language Pathologist with [At Home Speech & Language Services Inc.](#) via e-mail such as confirming appointments, obtaining invoices/receipts, and receiving progress updates. The information sent electronically is confidential and will not be shared with anyone other than the child's parents/caregivers unless written consent is obtained.

I give permission for my Speech-Language Pathologist with [At Home Speech & Language Services Inc.](#), to audio/video-record my child during clinical sessions for therapeutic use. I consent for my Speech-Language Pathologist to send me this audio/video-recording via my e-mail. All video recordings are the property of [At Home Speech & Language Services Inc.](#), and may not be released to anyone other than the child's parents/caregivers unless written consent is obtained.

I give permission for [At Home Speech & Language Services Inc.](#), to release my child's case record verbally and/or in writing to other professionals concerned with my child's care such as doctors, nurses, physiotherapists, psychologists, teachers, etc. as required. In addition, I give permission that written/verbal information from other professionals regarding my child's case record may be released to [At Home Speech & Language Services Inc.](#) The personal information collected will be protected from unauthorized disclosure in accordance with all applicable legislation.

I give consent that photos of my child may be used for the purposes of advertising and promoting [At Home Speech & Language Services Inc.](#), such that my child's photo may be included on brochures/flyers, on our business website, or on our business Facebook page: YES__ NO__

I have read and understand the above, and release Susanne Duggan, At Home Speech & Language Services Inc., and its associates, from all liability in accordance with applicable legislation.

Parent/Caregiver signature

Date

Speech-Language Pathologist signature

Date