



Hamaguchi & Associates
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Exchange of Information/Release of Records Form

I, _____ (parent/guardian name), give my permission to the staff at Hamaguchi & Associates to exchange information regarding my child, _____, including information about his/her diagnosis and therapy program in the following manner:

Communicate via email Communicate via phone
 Conduct in-phone meetings Exchange reports/records ALL of the above

Please share this information with the following professionals:

Name: _____ **Title:** _____

Address: _____

Agency/School: _____

Email: _____ **Phone:** _____

Name: _____ **Title:** _____

Agency/School: _____

Address: _____

Email: _____ **Phone:** _____

Physician's Name: _____

Address: _____

Hospital/Practice Affiliation: _____

Email: _____ **Phone:** _____

Insurance Company: _____

Policy #: _____ **Primary Policy Holder:** _____

Parent Signature

Date