Educational Release of Information

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I give permission to Talk SLP LLC to use photographs and videos taken during the course of evaluation and treatment for educational and professional purposes. Educational and professional entities are limited to physicians, dentists, dental hygienists, speech-language pathologists, educators and students. This information will exclude all personal information except for age and sex. It will include relative medical, dental, and speech-language history and evaluation and treatment considerations only.

\_\_\_\_\_\_ I give permission to Talk SLP LLC to use photographs and videos taken during the course of evaluation and treatment for promotional purposes. Promotional materials will be limited to our website and brochure. This information will exclude all personal identification except for age and sex.

Thank you for your permission to share this valuable information. You have the right to revoke this permission to use photographs and videos at any time. Your request must be made in writing.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_