

**SAN FRANCISCO STATE UNIVERSITY
SPEECH, LANGUAGE, AND HEARING CLINIC
BURK HALL 114, 1600 HOLLOWAY AVENUE
SAN FRANCISCO, CA 94132
415/338.1001 (phone) 415/338.0916 (fax) slhsinfo@sfsu.edu (email)**

F-28: EXCHANGE OF INFORMATION

This authorizes the exchange of certain information between the San Francisco State University Speech, Language, and Hearing Sciences (SLHS) Clinic and the following agency. The purpose of sharing this information is to support the communication skills of the client and the services being provided to the client by the San Francisco State University Speech, Language, and Hearing Clinic.

Agency or Individual

Address

City

State

Zip

Concerning the following individual:

Client Name

Client Birthdate

SFSU SLHS Clinic Client File Number

The information that may be shared includes (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Assessment Reports | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> School Reports |
| <input type="checkbox"/> Discharge Reports | <input type="checkbox"/> Verbal Reports |
| <input type="checkbox"/> Other (list) _____ | |

I understand that this authorization will remain in effect from the date of my signature until one year after the date of my signature and that I may revoke the authorization at any time by written, dated communication.

I understand that I may see the information shared about the client and ask what information was verbally shared.

Client Signature (parent or guardian if under 21)

Date