

**Speech Therapy Plus, pllc.
1421 FM 359, Suite H
Richmond, TX 77406
Phone: (281)-232-1900
Fax: (281)-232-1939**

Consent to Communicate with Authorized Individuals

I, _____, give my permission to discuss mine or my child's medical condition, results, and history with the following people:

_____ (relation to patient) _____

_____ (relation to patient) _____

_____ (relation to patient) _____

_____ (relation to patient) _____

_____ (relation to patient) _____

This letter is valid for all medical and billing information in my chart / file kept at Speech Therapy Plus, pllc.

Signature

Date