



Scottish Rite Childhood Language Center
 4202 Hermitage Road
 Richmond, VA 23227-3755

Website: www.srclc.org
 Email: srclc@srclc.org
 Telephone: (804) 266-6699
 Fax: (804) 264-5988

Authorization for Use or Disclosure of Protected Health Information

I am the legal guardian of _____ (client's name) and authorize the Scottish Rite Childhood Language Center to:

_____ **RELEASE** (permission for others to share with Scottish Rite Childhood Language Center)

I give permission to the following individuals or agencies (list applicable insurance carriers, physicians, educational institutions) to release my child's protected health information to the Scottish Rite Childhood Language Center.

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 (Emeritus)
 Venerable Master, Ex Officio

_____ **SHARE** (permission for Scottish Rite to share with others)

I give permission for the Scottish Rite Childhood Language Center to share my child's protected health information for billing and reporting purposes with the following individuals or agencies (list applicable insurance carriers, physicians, educational institutions).

This information may be sent or shared via: (check all that apply)

_____ U. S. Mail _____ Fax _____ Email _____ Phone

I understand that I have the right to revoke this authorization at any time by sending written notification to the Scottish Rite Childhood Language Center's Privacy Contact: Executive Director, 4202 Hermitage Rd., Richmond, VA 23227

I understand this request authorizes the use and/or disclosure of my child's protected health information, and that this information will be used by the Scottish Rite Childhood Language Center for care and treatment.

The Scottish Rite Childhood Language Center will not condition treatment or enrollment in any program on whether I provide authorization for the requested use or disclosure.

 Signature of Legal Guardian

 Date

 Witnessed by

 Date