

Adult Permission for Others to Observe Therapy and/or Diagnostic Sessions

Client Name: _____ Date: _____

Authorization is granted to the Ludden Speech and Language Clinic to allow the following person(s) to observe my therapy and/or diagnostic sessions.

(Initial)

Authorization is granted to the Ludden Speech and Language Clinic to share information about my therapy and/or diagnostic sessions, including homework, with the following person(s). _____

(Initial)

Authorization is granted to the Ludden Speech and Language Clinic to release client to the following person/persons:

1. _____

2. _____

The following adult(s) over the age of 18 years may be bringing me for therapy and/or diagnostic sessions:

1. _____

2. _____

This form will remain in effect until written notification of cancellation is received. Initial each of the items above and sign below:

Signature _____

Signature of Legal Guardian (If Applicable): _____

Date _____