



Lingua Speech, Swallow, and Voice Services
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Consent of Release of Information

As the patient, parent, or legal guardian, I hereby authorize the release and exchange of my/my child's protected health information (PHI) between Lingua – Speech, Swallow, and Voice Services LLC and its affiliated providers, for the purpose of care coordination, treatment planning, and service delivery.

This consent includes communication via secure electronic, verbal, and written means, in accordance with the HIPAA Privacy and Security Rules, including the 2025 updates which support enhanced interoperability and patient-centered care.

Authorized Areas of Information Sharing:

- Communication (speech, language, voice)
- Swallowing and Airway
- Behavioral Observations
- Health/Medical History
- Academic Performance and Support Needs

I understand that:

- This release is voluntary and may be revoked at any time in writing.
- Revocation will not affect disclosures made prior to the revocation.
- Lingua LLC complies with current HIPAA regulations, including secure handling of electronic PHI and breach notification protocols.
- This consent supports collaborative care and may involve coordination with other healthcare providers, educators, and specialists.

Consent was acknowledged upon completion of the intake form and serves as your copy for reference.