



Aultman Speech Therapy Services
4805 West 4th Street Hattiesburg, MS 39402
668 Old Salt Road Sumrall, MS 39482
Phone (601)270-6968 • Fax (601)336-5255
office@aultmanspeechtherapy.com
www.aultmanspeechtherapy.com

Communication Authorization

Patient Name: _____

Patient Date of Birth: _____

Parent/Legal Guardian Name (Printed): _____

Email address: _____

Cell phone #: _____

* I authorize Aultman Speech Therapy Services, LLC to send a **Patient Portal** email to the above email address. Once you receive the email, you will set your password using the link provided. (The email address listed above is your user name.) **Save the link to access the secure Patient Portal** for access to your child's Speech Therapy records (Protected Health Information) which can be used for personal viewing or to share with others needing his/her therapy records.

* I authorize Aultman Speech Therapy Services, LLC to email and/or text information regarding appointments, home exercise programs, and other information as needed. Emails and/or texts will be general and will not include any Protected Health Information.

-If home exercise programs, appointment reminders, etc. need to go to a different email/text than listed above (ex. other parent, grandmother, aunt, sitter), please indicate in the space below the person's name, relationship and email and/or cell #.

Parent/Legal Guardian Signature: _____ Date: _____

*By signing above, I affirm that I am the parent or legal guardian of the above named patient.