



Aultman Speech Therapy Services
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Patient Portal Access Request Form:

Patient Name: _____

Patient Date of Birth: _____

Email address: _____

Parent/Guardian Signature: _____ Date: _____

By signing above, I affirm that I am the legal parent or guardian of the above named patient. I also authorize Aultman Speech Therapy Services, LLC to send a Patient Portal Login email to the above email address. I understand this secure Patient Portal will give me access to my child's Speech Therapy records (Protected Health Information).