

# UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF ALLIED HEALTH PROFESSIONS

DEPARTMENT OF  
SPEECH PATHOLOGY AND AUDIOLOGY

SPEECH AND HEARING CLINIC

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## PERSONAL REPRESENTATIVES PHI MAY BE SHARED WITH

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I authorize the University of South Alabama Speech and Hearing Center to share Protected Health Information (PHI) with the follow individuals regarding the care and treatment of (patient name).

Name of Individual

Relationship to Patient

Name of Individual

Relationship to Patient

Name of Individual

Relationship to Patient

Name of Individual

Relationship to Patient

Signature of Patient/Patient Representative

Date