

# 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