

# The Speech, Language and Learning Center, LLC

[www.sllcenter.com](http://www.sllcenter.com)

## Patient Email Registration Form

Due to the changing world of healthcare and technology, The Speech, Language and Learning Center now has the ability to provide our patients with certain types of information via email. If you wish to have the opportunity to receive information of this type please fill out the form below. **The Speech, Language and Learning Center believes strongly in protecting the privacy of our patients. When you provide this information to us it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal health related information will be sent from The Speech, Language and Learning Center via email. The Speech, Language and Learning Center does not share the names and email addresses of our patients with any other company, or with any other patient.**

*Please print all information neatly and legibly.*

Patients' Name: \_\_\_\_\_

Parent's Name (if patient is minor) : \_\_\_\_\_

Email address: \_\_\_\_\_

Office where you receive therapy:  Columbia  Lawrenceburg

I hereby give The Speech, Language and Learning Center permission to use my email address as a means of communication as indicated by my selection above. I understand that no form of email is completely confidential due to the nature of current technology and do not hold The Speech, Language and Learning Center liable in any way concerning email confidentiality.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

## Image Release Form

The Speech, Language and Learning Center, LLC uses the [www.sllcenter.com](http://www.sllcenter.com) website, our FaceBook page, the newspaper and several brochures to both market our services and provide information to the public. Please read your choices carefully and select one option and provide your signature as consent or refusal to use your child's photograph and name for these purposes.

\_\_\_\_\_ I hereby consent that my child's photograph may be used by The Speech, Language & Learning Center for marketing purposes or to provide information to the public regarding the Centers including television, web pages, brochures or newspapers.

\_\_\_\_\_ I do not wish for my child's image to be used in any way by The Speech, Language & Learning Center .

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

