



Referral Checklist

Type of Referral

- Hearing Loss
- Auditory Processing Disorder

Information Needed

Official Referral letter from the Special Education Department

Student's diagnostic Audiogram/APD report (must be within three years old, ideally within last year)

Students' demographic info (Name, school, date of birth, grade)

Contact person(s) along with their email address(es) that we can reach out to for scheduling meetings. Typically, a case manager, teacher, or SLP

Attached form: Authorization for Keystone Classroom to obtain records and speak to student's private audiologist (signed by parent/guardian)

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Date:

PERSONAL INFORMATION

Name

Title

First

MI

Last

Date of Birth

MM/DD/YYYY

I hereby authorize:

Name of person or group:

To send, receive, and discuss all audiological related information with:



Keystone Classroom
604 Putnam Pike
Greenville, RI 02828

Phone : 401-739-4327

Fax : 401-736-4327

Scheduling@keystoneclassroom.com

I understand that my records are protected under federal confidentiality regulations and under the General Laws of Rhode Island and cannot be disclosed without my written consent except as otherwise specifically provided by the law.

I do not give permission for any other use or re-disclosure of this information. Any information released or received as a result of this consent shall not be further relayed to any other person, organization, entity, or other without an additional written consent from me.

I understand that this release will automatically expire one year from the date of my signature, and that I may revoke this release giving written notification to the above party, at any time prior to the release of the information. I agree that any release which has been made prior to revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

PATIENT/GUARDIAN SIGNATURE

Patient/Guardian signature

Please sign using mouse or finger on touch screen