

Heather Batalden, MA, LPC, LPCC CA #112

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CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

Clients Name: _____

I hereby authorize the following party to release to and/or exchange information with Heather Batalden, MA, LPCC

Name: _____

Address: _____

Phone: _____ Fax: _____

The purpose of this release is for:

_____ Continuity of care

_____ Coordination of care with another treating healthcare provider

_____ Insurance plan or third-party-payer review of records for quality and level of care and/or justification of charges, and as

needed to authorize more sessions or to process claims, or to fulfill administrative review by plan

_____ Other: _____

The information released will be limited to:

_____ Attendance

_____ Summary of pertinent psychiatric and psychosocial history

_____ Treatment summary

_____ Complete mental health assessment and treatment records

_____ Any information deemed necessary to coordinate care

_____ Other _____

The requesting party certifies that information will not be used for any purpose other than its intended use, and will not be re-released to another party. The client understands that s/he has a right to a copy of this form. This consent is subject to revocation at any time except to the extent that action has been already taken in reliance thereon. If not revoked earlier, this consent expires three years from the date signed.

Signature

Date