



Teresa Prendes-Walls, LPC-MHSP

281 West End Ave., Suite 205

Nashville, TN 37203

917-710-4955

rendes @gmail.com

Authorization for Release/Exchange of Information

This form provides your therapist with written permission to communicate with other individuals regarding your treatment (e.g., previous therapist, current health care providers, parent).

I _____, authorize _____
to release and/or exchange information about my case with the following parties:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Relation: _____

Information to be Released or Exchanged (check all that apply)

- Intake and history
- Diagnosis and Treatment Plan
- Verbal Consultation
- Other (specify) _____

- Treatment Progress
- Discharge Summary
- Billing & Payment
- All of the above**

This release shall be valid until the termination of treatment or until withdrawn in writing by the patient during the course of treatment.

Patient Name: _____

Patient Signature: _____

Date: _____

Guardian Name: _____
(if client is under 18)

Guardian Signature: _____

Date: _____