

Victoria Leigh, LLC, uses an outside agency to file claims with insurance companies for billing purposes. These claims may require the disclosure of delicate information, including birth date, address, and diagnosis. By signing this form, I, \_\_\_\_\_, authorize Victoria Leigh, LLC, to release such information.

\_\_\_\_\_  
Client Signature (if under age 18, Parent or Guardian Signature)

\_\_\_\_\_  
Date