Victoria Leigh Parenti, MA, LPC, NCC

Victoria Leigh, LLC

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# 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, etc.). I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Victoria Parenti to release and/or exchange information about my case with the following parties:

# Contact

Name: Relation: Address: Phone:

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This release shall be valid until the termination of treatment or until withdrawn in writing by the patient during the course of treatment.

 Client Name

 Client Signature Date

 Client/Parent Signature (if under age 18) Date

 Counselor, Victoria Parenti, MA, LPC, NCC Date