Victoria Leigh Parenti, MA, LPC, NCC

Victoria Leigh, LLC

4612 South Carrollton Ave.

New Orleans, LA 70119

victorialeighllc@gmail.com

(504) 256-1454

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This release shall be valid until the termination of treatment or until withdrawn in writing by the patient during the course of treatment.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