

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This release shall be valid until the termination of treatment or until withdrawn in writing by the patient during the course of treatment.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