

HEALING HEART

2150 Park Drive, Suite 208

Charlotte, NC 28204

704-565-9212

johanna@healingheartcharlotte.com

healingheartcharlotte.com

Authorization to Release Information

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

I, _____, authorize Johanna Hyland from Healing Heart, PLLC to release and/or exchange information about my (or my child's) case with the following parties:

Name/Relation: _____

Address: _____

Phone Number: _____

Fax Number: _____

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

_____ Intake and History

_____ Discharge Summary

_____ Diagnosis and Treatment

_____ Billing and Payment

_____ Verbal Consultation

_____ Other (specify)

_____ Treatment Progress

_____ All of the Above

This release shall be valid for one year from the signed date or until withdrawn by the patient/guardian in writing.

Client Name: _____

Client/Guardian Signature: _____

Guardian's Name & Relation (if applicable): _____

Date Signed: _____