

AUTHORIZATION TO RELEASE INFORMATION

I hereby give permission to Margaret Hunter, MS MA OTR/L LLP to send and/or receive the following confidential information regarding my psychological treatment or other related services to/from the following outside entity:

Name:

Date of birth:

I permit the following information to be exchanged (check all that apply):

1. Assessment data/diagnosis
2. Service records (dates and times)
3. Attendance and participation history
4. Progress notes
5. Treatment goals and objectives
6. Discharge recommendation
7. Scheduling and billing
8. : Therapy sessions

The purpose of this disclosure is: Conducting telehealth therapy sessions.

I permit the following forms of communication to be used for in this exchange of information (check all that apply)

Phone: Text: Fax: Email: Mail: Face-to-face:

Other : **Doxy.me**: <https://doxy.me/dgregg>

This release will expire or on the following date: _____ (*One year after current date*)_____.

X

Client Signature (double-click here)

Name:

Date: