Daniel L. Richards, Ph.D., LCPC, NCC

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CONSENT TO RELEASE INFORMATION

Communication between Daniel Richards Ph.D., LCPC, and your insurance /managed care company is important to help ensure that you receive comprehensive and quality treatment. This information will not be released without your consent. This information will include diagnosis, and may include treatment plans and progress as required by your insurance company. You understand that a diagnosis will be required by your insurance company and will become part of your permanent medical record. You may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will stay in place as long as you are seeing Daniel Richards PhD., LCPC, unless you revoke it, end treatment with him or your insurance changes.

I_____, DOB_____, SS#_____

for the purpose of coordinating care, authorize Daniel Richards PhD., LCPC.,to release information indicated in the "CONSENT" portion of this form to:

Insurance company name_____

I, the undersigned, understand that I may revoke this consent at any time during my treatment with Daniel Richards PhD., LCPC, except to the extent that action has been taken in reliance upon it and that in any event this consent shall expire when treatment with Daniel Richards PhD., LCPC ends, or my insurance changes. If I do revoke this consent I understand and accept that I will be responsible for Daniel Richards PhD., LCPC full fee. In giving this release I am hereby releasing Daniel Richards Ph.D., LCPC from any and all liabilities, responsibilities, damages and claims which arise from the release of information authorized.

I have read and understand the above information and give my consent:
Client please check

( ) To notify and request additional sessions for the continuation of my treatment.

( ) To release any applicable mental health information to my insurance/ managed care company.

( ) I do not give my consent to release or inform my insurance company of my treatment with Daniel Richards PhD., LCPC, and I understand I will be responsible for the full fee for each session

_____ _____
Client Signature Date