

Release of Information to a Managed Care Agency

I understand that in order to access _____ mental health benefits, my therapist, Adriana Russell, is required to provide information about me or my family members (whomever is requesting/receiving therapy benefits) which may include a description of the problem, relevant history, symptoms, treatment planning and diagnosis.

This information will be reviewed by the authorizing agency, which will determine the number of sessions and level of benefits, based on the information shared by my therapist.

I understand that Adriana Russell MFT will be billing my insurance and am in agreement that appointment of benefits will be paid directly to her.

I understand should I refuse to have this information released, I may still receive therapy services, but will need to pay out of pocket for these services.

I understand that in all circumstances that my therapist, Adriana Russell, will protect the confidentiality of myself and my family members by refusing to release any information without a written release signed by the individual receiving services, or their legal guardian, other than my mental health benefits carrier.

Client Signature _____

Date _____