



PECAN COUNSELING

Pecan Tree Counseling PLLC

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0. Billing Release of Confidentiality

Release of Confidentiality

By signing this form, I authorize the disclosure of information from Pecan Tree Counseling PLLC and it's therapists to the person who is financially covering the cost of therapy.

This form also allows this person to provide Pecan Tree Counseling PLLC and its therapists with information to assist in the treatment of the client.

Financial Provider:

Name, Relationship, Address, and Phone Number::

A. This form is to allow the financial provider access to billing information they may need including receipts, super bills, attendance records, etc. Diagnoses information is included on these documents. This form does not give access to any clinical information including notes, treatment plans, assessments, etc. Please indicate if you do not want specific information disclosed::

B. This authorization will expire after two years after client discharges from treatment, unless otherwise specified below::

C. Clinician cannot guarantee that this individual contacted through this release of information will not disclose some or all of the information provided. The individual might not be bound by the same legal obligation to confidentiality as the treating clinician. D. I understand I have the right to revoke this release at any time in writing. Client can send a secure message through the client portal, text, or reach out to therapist to revoke this consent. By signing below, I indicate that I have read, understand, and agree with the aforementioned information. I was given the opportunity to ask questions and was not forced or coerced into signing this document.:

Client Date Of Birth: