Casey Broome, LMT
Lic. #10100
16169 SE 106th Ave
Clackamas, OR 97015
Phone: 503-784-5623

AUTHORIZATION TO RELEASE INFORMATION

I authorize Casey Broome, LMT to release the following information to the parties that require my personal documents for medical evaluation, re-evaluation, and/or payment of services. This includes, but may not be limited to, physicians, insurance companies, attorneys.

_____ Chart Notes

_____ Billing Statements

_____ Doctor's Prescription for Treatment, or any other documents provided by doctor.

Patient/Client Signature _____

Printed Patient/Client Name _____

Date Signed _____

I understand that I may revoke this authorization by providing Casey Broome, LMT with a written statement.