

Lori Heroman, LPC

7914 Wrenwood Blvd., Suite C, Baton Rouge, LA 70806

(225) 953-1599

Client Information:

Name: _____

Reason for Release of Information

Initial next to the appropriate reason for release:

____ At Patient's Request

____ Coordination of Care with Other Providers

____ Legal Purposes

____ Other (please specify): _____

Records will be copied, billed to the client or representative, and forwarded to the requestor. I hereby authorize communication between Lori Heroman, LPC and the following:

Information covering the following periods of care is to be released:

Initial one option below:

____ Dates from: _____ To: _____

____ From beginning of treatment through continuity of care.

Signature of client or personal representative that may request disclosure:

Signature: _____

Date: _____

I understand that I do not have to sign this authorization and that my treatment will not be denied if I do not sign it. I hereby release and discharge Lori Heroman, LPC from any liability and will hold her harmless for complying with this authorization.