
MOLLY MILGROM PSYCHOTHERAPY

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

An important aspect of counseling is coordination with other individuals or community agencies with whom you have worked with in the past or are working with in the present. It is also necessary at times to communicate with insurance companies to facilitate reimbursement.

I, _____, hereby authorize Molly Milgrom, LICSW, a psychotherapist in private practice at the above location, to release, and exchange information with:

_____
(Name of individual(s) and/or agency from whom information is to be obtained)

at:

_____
(Address and/or phone)

about myself or my child.

Additionally, I consent to _____
(Same name of above professional individual or agency)

sharing, releasing, and exchanging information with Molly Milgrom, LICSW. The information being released and shared will be used for treatment planning and co-ordination.

I understand that I may revoke this consent at any time except to the extent that action has

already been taken on it and that it will expire automatically by _____.
(Date of expiration)

_____ _____
Signature of Client/Guardian Date