

# Insurance Release Form

Christine C. Cantrell, PhD. LP, LLC  
4192 Griffith Ave, Ste A  
Berkley, MI 48072-1494  
Phone 248-591-2888  
Fax: 248-547-1936  
christineccantrellphd@gmail.com



**Name**

**Date of Birth**

## Consent to Release & Exchange Confidential Information with Insurance Organizations

I authorize Christine C. Cantrell, PHD, LLC, to exchange information and all communications regarding my mental health and/or substance abuse treatment and medical health care. The purpose of such disclosure is to enable Christine C. Cantrell, PHD. To evaluate and process my claim for initial and on-going ( re-authorizing) insurance coverage only, and will not be used for any other purpose. I understand that the information exchanged with the insurance company may include the following:

<input type="checkbox"/> My name and personal identifying information	<input type="checkbox"/> Treatment plan summary
<input type="checkbox"/> My status in treatment	<input type="checkbox"/> Progress and treatment compliance
<input type="checkbox"/> Initial evaluation	<input type="checkbox"/> Attendance
<input type="checkbox"/> Admission date	<input type="checkbox"/> Date and status of discharge
<input type="checkbox"/> Assessments and personal History	<input type="checkbox"/> Discharge plans
<input type="checkbox"/> Medication	

### Notice to Person/Agency Receiving this Information:

This information has been disclosed to you with the consent of the consumer and is protected by federal confidentiality laws and privacy rules 42 C.F.R. Part 2, and the HIPAA Regulations, 45 C.F. R, parts 160 & 164. The federal rules prohibits you from making any further disclosure of this information unless it is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: until billing is complete.

I understand that generally, Christine C. Cantrell, PhD. May not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Client Signature

Date:



