Lynda Phillips, LCMHC, NCC. New York License no: 007554-1 NCC no: 328939
cell: 917-692-1459 or 631-470-2138
Email: Lynda@phillipsmentalhealthcounselingpc.com
Website: Phillipsmentalhealthcounselingpc.com

Phillips Mental Health Counseling, P.C

Form# 8: Authorization to Release Information

I, _____, the undersigned give permission to Lynda Phillips, LCMHC to release and provide to:

Name

Address: _____

_____

Phone Number: _____

The following information (check all that apply)

- ☐ My attendance in therapy
- ☐ My diagnosis
- ☐ My treatment plan
- ☐ Information that is relevant to coordinating my care
- ☐ Treatment termination date and reason for termination
- ☐ Other, please explain in detail. _____

_____

I understand that this release is valid for 120 days. I also understand that I may revoke this release of information authorization at any time.

In further consideration of this consent, I at this moment release the above parties from any legal liability resulting from the release of this information.

Signature. _____ Date. _____

Revised 02, 2019