



Norma J. Vaillette LMHC

308 E. Lemon St. Ste 105

Lakeland, FL 33801

863-284-0817 fax: 863-284-0608

Catalyst Counseling LLC

Authorization to Release Confidential Information to Family Members/Friends

Name of patient: _____ Date of birth: _____ Social Security #: _____

I understand that the purpose of this release is to assist with my/this patient's treatment by improving communication between professional service providers or agencies and the important individual(s) in my/the patient's life. To further this goal, I authorize this specific therapist Norma Vaillette LMHC, to release the below-specified information regarding me/the patient to the individual(s) listed below, and to receive information from them. I have been informed of the risks to privacy and limitations on confidentiality of the use of electronic means of information transfer, and I accept these.

The information to be disclosed is marked by an X in the boxes below, and any items not to be released may have a line drawn through them:

- Name of therapist Name of case manager Name(s) of treatment program(s)
- Admission/discharge information Treatment plan Scheduled appointments Progress notes
- Compliance with treatment Discharge plans Treatment summary Participation in therapy
- Psychological evaluation Medications Other: _____

This information is to be disclosed to these persons, who have the indicated relationship to me/the patient:

Name of person	Relationship
Name of person	Relationship
Name of person	Relationship

Instructions and Limitations of Disclosure: _____
