

Renew Counseling, LLC
Todd Holdridge, LMFT

1315 N 160th St
Shoreline, WA 98133

Phone: 206-566-8519

Authorization for Disclosure of Protected Health Information

Date: _____

Client's Name: _____

Type of Information to be Disclosed:

I hereby authorize Todd Holdridge, LMFTA to give, receive, or exchange the following protected health information:

- | | |
|---|--|
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Summary of Treatment | <input type="checkbox"/> Billing/Payment |
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Other: _____ |

Other party involved:

Name of individual and/or organization	Phone number
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Address and /or email and/or fax number

Purposes of Disclosure:

- Coordination of Treatment
- At request of client/parent
- Other _____

Client or Parent/Guardian Signature	Date
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