Soulful Sage Counseling, LLC

Authorization to Release Information — Insurance

Soulfulsagecounseling.com | Soulfulsagecounseling@gmail.com

I authorize Soulful Sage Counseling, LLC to disclose and/or exchange the information described below with the insurance company listed, for the purpose of billing, claims processing, coordination of benefits, and/or utilization review.

Client Information

Client Full Legal Name _____ **Date of Birth** _____

Insurance Company Information

Insurance Company Name _____

Claims / Correspondence Address _____

Phone Number _____ **Fax Number** _____ **Member / Policy ID** _____

Subscriber Name (if different from client) _____ **Group Number (if applicable)** _____

Information to Be Disclosed

Check all that apply:

☐ Dates of service

☐ Diagnosis (per DSM / ICD coding)

☐ CPT / procedure codes

☐ Treatment plan / progress summary

☐ Superbill / statement for reimbursement

☐ Other: _____

Method of Disclosure

☐ Fax ☐ Mail ☐ Secure Email / Client Portal ☐ Phone (verbal)

Duration of Authorization

This authorization is valid from the date signed until the earlier of: (a) the date written below, (b) the end of the current treatment episode, or (c) one (1) year from the date of signature, unless revoked in writing sooner.

Expiration Date (optional — leave blank to default to 1 year or end of treatment)

Your Rights

You may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on it. Information disclosed under this authorization may be subject to redisclosure by the recipient and, once released, may no longer be protected by HIPAA. Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization, except as permitted by law.

Acknowledgment & Consent

By signing below, I authorize Soulful Sage Counseling, LLC to release the information indicated above to the insurance company named, for the stated purpose.

Client (or Legal Representative) — Signature *Date*

Clinician — Signature *Date*