Release of Confidential Information

Women's Solutions LLC
1 East Broad Street, Suite 130-1073
Bethlehem, PA 18018
610.866.6855
Jackie L. Gower, M.Ed., LPC

I,_____, understand that to use insurance to cover part or all my treatment, my insurance company will require *Women's Solutions LLC* to release confidential information about my treatment. I understand that this information may include, but is not limited to: symptoms, diagnoses, treatment plan, dates of service and progress toward goals.

With this knowledge, I hereby authorize *Women's Solutions LLC* to release and exchange information with:

Name of Insurance Company:

Address: _____

_____

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____