

Angie Simonton, LCSW
Individual & Family Clinical Social Worker
5001 Highway 190 E. Service Road
Suite D-4-5
Covington, LA 70443
P: 985-317-4319
F: 855-203-0527

Email: angie@angiesimontonlcsw.org

Website: www.angiesimontonlcsw.org

Consent To Release Protected Health Information

I, _____ (Client or Legal Guardian) am giving Angie Simonton, LCSW the ability to release information about and to request information in regards to my or my child's treatment under Ms. Simonton. This release of information is for Client: Name:

Date of Birth:

And gives Ms. Simonton the ability to release and receive my Health Information to:

Information to be discussed and disclosed may include psychological history , psychiatric history, treatment history, counseling history, medical records, school records, and other information as needed for the treatment and advocacy of the client. This information may be in the form of verbal conversations, paper records, faxes, and/ or emails.

I am agreeable to this release of information and understand that I can revoke it at any time. Otherwise this release will expire in a year from the date of the signature.

Client or Legal Guardians Signature

Date

Angie Simonton, LCSW Signature

Date