Insight Counseling Services of Greater Lansing LLC
311 Harrison St. Grand Ledge MI 48837
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Brian Thomas, MA LLPC
Rebecca Langham, MA LLPC
Esther Dale, MA LPC RPT-S

Authorization to Release Protected Healthcare Information

Patient's Full Name:_____Date of Birth:_____

I request and authorize Insight Counseling Services of Greater Lansing, LLC and/or _____ to release/exchange protected healthcare information of the patient named above to/from:

1. Entity/Individual Name:_____

   Address:_____

   City:_____ State:____ Zip code:_____

   Phone:_____

2. Entity/Individual Name:_____

   Address:_____

   City:_____ State:____ Zip code:_____

   Phone:_____

This request and authorization applies to (Check One):

_____ ALL healthcare information, including substance use disorder diagnosis and treatment

_____ You are 18 to 26 years of age and are under your parent's insurance and allow Insight Counseling Services to talk to your parents about insurance matters ONLY

_____ ONLY healthcare information relating to the following treatment, condition or date(s):

_____

I understand that the purpose of this release is to assist with my treatment by improving communication between professional service providers or relevant parties as specified. This authorization may be rescinded at any time by written notification.

Patient/Parent/Guardian Signature:_____Date_____

Witness Signature:_____