

Authorization to Exchange Information

I, _____ hereby give consent for Laura Adamgbo, MA, LPC, NCC, Resilience Counseling, LLC to exchange and release information about my treatment to (Name of Insurance Company)

_____.

I, _____ hereby give consent for (Name of Insurance Company) _____ to authorize payment of benefits to the undersigned provider of services on my claims.

Resilience Counseling, LLC.

I am aware that this authorization to exchange information with a third party expires when treatment has been terminated.

Client Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Therapist Signature _____ **Date:** _____