



# WATERSHED

COUNSELING AND CONSULTING

## Katie Burns M.ED., LPC-MHSP

3069 S. Broad St. #7d - Chattanooga, TN 37408 - 423.328.8783

### Authorization for Release of Information

I, \_\_\_\_\_ authorize Katie Burns, M.ED, LPC-MHSP. to:

(patient or guardian)

(initial) \_\_\_\_\_ provide information as indicated: \_\_\_\_\_

(initial) \_\_\_\_\_ exchange information as indicated: \_\_\_\_\_

(initial) \_\_\_\_\_ receive information as indicated: \_\_\_\_\_

regarding \_\_\_\_\_ treatment and status to/with/from:

(patient's name) (circle)

Any specific information that should be admitted? \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that I may revoke this consent at any time by written request to the authorized person. The revocation is effective on the date the request is received and placed in the medical record.

Patient's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ and

Signature Date (Patient or Guardian) \_\_\_\_\_

KATIE BURNS M.ED, LPC-MHSP