

RELEASE OF INFORMATION

I, _____ hereby authorize

Luminous Therapy, Inc./Amy Bartel, MA, LMFT, Licensed Marriage and Family Therapist (OK #991), of 3750 W. Main Street, Suite 168, Norman, OK 73072

_____ to release information to and/or _____ to obtain information from:

regarding myself as patient, or (Client's name) _____ as patient for whom I am parent, legal guardian, or authorized representative

Patient's date of birth ___/___/___ SS# _____

Information authorized for release is:

___ diagnosis and billing records

___ any and all medical and psychological records, history, reports, notes, summaries

___ appointment scheduling

___ progress reports

___ other: _____

Purpose of release of information:

___ billing purposes

___ consultation between medical providers regarding Client's treatment.

___ consultation with DHS, Courts, or Attorneys, about Client's progress in therapy.

___ other: _____

Client Signature _____ DATE _____

Parent/Guardian _____ DATE _____

Witness _____ DATE _____