<u>Consent To Disclosure of Client Record Information</u>

Name of Client:_____

Birthdate:_____Social Security Number:_____

Name of Primary Policy Holder:_____

Birthdate:_____Social Security Number:_____

Address and Phone for Primary P. Holder:_____

_____

Primary P. Holder's Employer's Name:_____

(The primary policy holder may be different from the client. The primary policy holder is the individual whose company is providing the insurance coverage, e.g., yourself, your spouse, your parent.)

This will authorize Lisa Judge, Ph.D., LCSW to release or disclose, including by fax, information to the current insurance provider from the records of the above reference client.

The information to be disclosed is limited to information necessary to process an insurance claim. The purpose of disclosure is to request payment of insurance benefits to Lisa Judge.

Assignment of Benefits: I authorize _____
                                                    (name of insurance company)
to assign benefits for this claim to the provider of service, Lisa Judge. Please send payment directly to Lisa Judge.

_____   _____
Client or Guardian Signature   Date
Title:_____
        (client, parent of client, guardian, executor, managing conservator, surviving spouse, manager)

_____   _____
Treatment Provider Signature   Date