Maya Geyer LCSW, LMT, RPP

Integrative Psychotherapy & Bodywork

917.545.0937 integratedbodymind.com

Client Authorization Form:
Required to release information for reasons other than treatment, payment, and operations.

I, _____, who resides at _____

_____,

1. Hereby authorize and give my consent to _____,

2. To disclose (describe information) _____,

3. To (name and title) _____,

4. Located at (address and phone number) _____

_____,

5 For the purpose of _____.

This consent is subject to revocation at any time except to the extent that the provider, who is to make the disclosure, has already taken action in reliance to it. If not previously revoked, this consent will terminate upon (specific date, event or condition):
_____.

6. I understand that I am not required to give this authorization and that I can refuse without any prejudices to my future treatment.

7. Date signed: _____.

8. Signature: _____.

9. Signature of witness:_____.