

Psychological Assessment Center and Psychotherapy

270 26th Street #201, Santa Monica, CA 90402

Please fill out if you are using insurance

AUTHORIZATION FOR RELEASE OF INFORMATION TO YOUR MANAGED CARE COMPANY

“Managed Health Care Plans” are frequently geared toward time-limited therapy designed to resolve specific problems that are interfering with one’s usual level of functioning. I may need to request additional sessions. This typically requires me to submit additional clinical information, such as a diagnosis and treatment plan.

I, (Client’s Name) _____, authorize and request that Dr. Heidrich provide specific information regarding my condition and treatment to the managed care company.

- a verbal or written summary of treatment goals & progress a verbal or written statement of diagnosis

This information will become part of the insurance company files, and it is likely that some of it will be computerized. Insurance companies report a commitment to keeping this information confidential. However, I have no control over their use of the information.

This authorization will expire at the end of treatment or upon your request. A photocopy is as valid as the original.

Your signature: _____ Date: _____