

# A Better Way Counseling Service, LLC

601 E. McLoughlin Blvd. Vancouver, WA 98663

Phone: 360-281-6824

Fax: 360-314-2908

## Release of Information Health Insurance Provider

I, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Legal Name)

As of \_\_\_\_\_ authorize the following information to be exchanged between  
(Date)

the below party and A Better Way Counseling Service, LLC:

(Please initial all that apply)

\_\_\_\_\_ Intake information

\_\_\_\_\_ Progress reports

\_\_\_\_\_ Discharge summary

\_\_\_\_\_ Treatment plan

\_\_\_\_\_ Dates of service

\_\_\_\_\_ Phone Contact

\_\_\_\_\_ Payment

\_\_\_\_\_ Other(s)

\_\_\_\_\_  
(Please specify other)

Insurance Provider: \_\_\_\_\_

Address/City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date \_\_\_\_\_

This release is valid for one year after completion or termination of designated treatment. A patient may revoke in writing a disclosure authorization to a health care provider at any time unless disclosure is required to effectuate payments for health care that has been provided or other substantial action has been taken in reliance on the authorization. A patient may not maintain an action against the health care provider for disclosures made in good-faith reliance on an authorization if the health care provider had no actual notice of the revocation of the authorization. In compliance with WAC 388-60-0145 we will have to consider if the release is required for continuing your treatment program. If a required release is revoked we may terminate you from our program.

Robert Johnson, M.Ed., LMHC

Debbie Tomasovic, M.Ed./Ed.S., LMFT

Certified Domestic Violence Treatment Providers and Supervisors

www.abwcs.com