

Vivify Wellness, LLC  
Laura Fontaine, MS, LISAC, LPC  
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Mesa, AZ 85210  
480-206-4753

## Authorization to Release Information

I, \_\_\_\_\_, hereby authorize Laura Fontaine, MS, LISAC, LPC to release and/or request protected health information regarding my treatment with \_\_\_\_\_ at \_\_\_\_\_.

This authorization permits the exchange of the following information:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Any and all information necessary | <input type="checkbox"/> Psychotherapy notes | <input type="checkbox"/> Medical record                              |
| <input type="checkbox"/> Intake Paperwork                  | <input type="checkbox"/> Treatment summary   | <input type="checkbox"/> Telephone and/or email contact/consultation |
| <input type="checkbox"/> Diagnosis                         | <input type="checkbox"/> Progress to date    | <input type="checkbox"/> Other _____                                 |
|  | <input type="checkbox"/> Discharge summary   |  |

I understand that I have a right to receive a copy of this authorization.

I also understand that any cancellation or modification of this authorization must be in writing.

\_\_\_\_\_  
Client printed name                      Client signature                      Date

\_\_\_\_\_  
Guardian printed name (if applicable)                      Guardian signature                      Date

\_\_\_\_\_  
Laura Fontaine, MS, LISAC, LPC                      Date