



Susan Houck Strom, LMFT ATR

Lic # 60474081
2815 Howard Rd, Langley,
WA 98260
360.969.9722

**HIPPA
AUTHORIZATION TO RELEASE/ OBTAIN PRIVATE HEALTH INFORMATION**

Client Name: _____

Birth Date: _____

I, _____, hereby authorize Susan H. Strom, LMFT, ATR to release / obtain information on my behalf for the purpose of coordination of care.

Information To Be Exchanged Is With The Following Specific Person(S) Or Group:

Name	Contact Info

Restrictions On The Information To Be Released:

I understand that I may revoke this authorization in writing at any time. I understand that this authorization will expire 1 year from the date signed.

I hereby release Susan H. Strom, LMFT, ATR from all legal responsibility or liability that may arise from the exchange of this information.

Client Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

Additional notes: