



Release of Information for Health Insurance

I, _____, give Resolute Counseling permission to send a claim form and bill my health insurance. In doing so, I recognize that Resolute Counseling will be giving me a diagnosis that is based on a medical evaluation completed in the office. The information and notes obtained in counseling sessions will remain confidential and part of my chart. My health insurance will only be receiving my diagnosis code for billing purposes.

My primary insurance company: _____

Insurance policy #: _____

My secondary insurance company (if applicable) : _____

Insurance policy #: _____

Signature : _____

Date : _____

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Michael Linn at 38 Black Avenue Chambersburg PA 17201. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Resolute Counseling
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