

Therapeutic Counseling Services, LLC

Telehealthservice.net

Linda Hedstrom, LCSW
(813) 943-6335

AUTHORIZATION FOR RELEASE OF RECORDS AND/OR INFORMATION FROM RECORDS

RECORDS MAY BE SENT:

- ☐ Confidential Fax (813) 333-6708
- ☐ Confidential Email: Linda@Telehealthservice.net

RECORDS TO BE RELEASED TO/FROM: Linda Hedstrom, LCSW, at Therapeutic Counseling Services, LLC.

RECORDS TO BE RELEASED TO/FROM: _____

I, _____, do hereby authorize the release of the
following information on _____
Client's Name DOB
from the above named agency/person:

- ☐ Medical/Health Records, School Records, Psychological, and/or Social Work Report(s),
and/or communication with therapist / agency.
- ☐ Other: _____

Signature of Client, Parent/Guardian or Eligible other

Date

AUTHORIZATION: These records will be for the professional use of authorized employees of Therapeutic Counseling Services, LLC. Conditions of this exchange of information shall be in compliance with federal regulations. The Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal and state statutes. This authorization shall be terminated one year from the date of signature unless otherwise specified. This content may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.