



THERAPY INSTITUTE OF MICHIGAN LLC  
Helping You Build A Life Worth Living

Attached you will find a release of information which we will need you to complete in case there is a problem with billing your insurance company. Occasionally, your insurance company may need the medical record in order to verify that the services were performed and that they are covered.

This release authorizes us to send the medical record to your insurance company.

Please enter in the name of your insurance company and simply sign the release form.

If you have any questions regarding this form, please see your therapist and they will be happy to assist you in any way.

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**Authorization and Consent Release Information for Third Party Payers**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

I, \_\_\_\_\_, authorize the Therapy Institute of Michigan to disclose/request (circle one) information in my record to/from (circle one)

Name of Insurance Carrier \_\_\_\_\_

Address of Insurance Carrier \_\_\_\_\_

Specific Information to be released/requested (circle one)

Progress Notes

Psychosocial Assessment

Treatment Planning & Review

Discharge Summary

Psychiatric Evaluation

Psychological Evaluation

Results of Laboratory Studies

Other (Specify) \_\_\_\_\_

Purpose or need for disclosure/request: **to facilitate reimbursement for services rendered**

This consent authorizes the release of protected health information contained in my records, including, alcohol and substance abuse records, protected under the regulations in 42CFR, Part2, and Regulations in 45 CFR (HIPPA) if any; psychosocial services records, if any; HIV, ARC, AIDS records, if any.

This consent is subject to revocation at any time except in those circumstances in which the Therapy Institute of Michigan LLC has acted upon the signed authorization. The consent will continue if un-revoked until the purpose for which the consent was given shall have been accomplished. However, any consent given under Subpart C, Federal Register, Volume 52- Number 110, July 9<sup>th</sup>, 1987, shall have duration no longer than that reasonably necessary to effectuate the purpose for which it was given.

Without expressed revocation, this consent expires within ninety (90) days upon or upon completion of tis request/release (circle one) or for the following specified reasons:

Condition: \_\_\_\_\_ Date: \_\_\_\_\_ Event: \_\_\_\_\_

Client/Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

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