

By signing this form, I acknowledge

- that I received a copy of “About Therapy with Alena Hutchinson, MFT,” the Telehealth Consent form and the Notice of Privacy Practices (which I can also find on the website at ahutchinsontherapy.com);
- that if I have any questions about exceptions to confidentiality (child and elder, safety); late cancellation fees; or my responsibility for determining my insurance benefits, obtaining necessary authorizations and paying the session fee to the extent it is not covered by insurance, I should ask for more information in the first session;
- that I hereby authorize Alena Hutchinson, MFT to file insurance, EAP and other claims and to receive an assignment of my benefits (this authorization to remain in force until it is revoked in writing); and
- that I am consenting to treatment with Alena Hutchinson, MFT.

INITIAL SESSION AUTHORIZATION FOR RELEASE OF INFORMATION

By signing this form, I consent to the following:

1. **To allow Alena Hutchinson, MFT (the “Therapist”) to acknowledge the person who referred me to her,** I consent to the release of clinical information by the Therapist to the person I have identified as the person who referred me.
2. **To facilitate any insurance claims the Therapist may make on my behalf in the future,** I authorize the payment of medical benefits to Alena Hutchinson, MFT for services rendered and I consent to the release of any medical or other information necessary to process such claims.
3. **To allow the Therapist to co-ordinate my care with mental health professionals and others involved in my care,** I consent to the exchange of clinical information between Alena Hutchinson, MFT and the individuals identified in my intake form (or if in therapy with another person, on that person’s intake form) as a Primary Care Physician, Psychiatrist, Individual Therapist, Couples Counselor or Group Therapist.

I understand that the authorizations above may be revoked by me in writing at any time (unless the Therapist has taken action in reliance upon it) and, if not revoked, shall remain in effect for a period of two years after the date indicated below. I also understand that such revocation must be in writing and received by the Therapist to be effective. I understand that I can discuss with the Therapist the options I have if I do not wish to sign this release and the potential risks in signing or not signing this release.

alena hutchinson

Signed by alena hutchinson on 03/27/2020, 12:03 PM (PDT) with IP address 73.158.161.5