Resilient Life Center
STRONGER TOGETHER

Patient Authorization

I hereby authorize Anne Evans-Cazier, LCSW, to release verbally or in writing information regarding any medical, mental health, and/or alcohol/drug abuse diagnosis or treatment recommended or rendered to the below identified patient. I understand that these records are protected by Federal and state laws governing the confidentiality of mental health and substance abuse records, and cannot be disclosed without my consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time and must do so in writing. A request to revoke this authorization will not affect any actions taken before the provider receives the request.

Anne Evans-Cazier, LCSW, is authorized to release protected health information related to the evaluation and treatment of _____ DOB___/___/___

The information may be released to the following person or entity:

_____

Phone _____ Address _____

The information may be released to the following person or entity:

_____

Phone _____ Address _____

Signature _____ Date _____

Anne Evans-Cazier, LCSW Evans Counseling, LLC | Resilient Life Center
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