

Welcome to LDTherapy

Authorization for Release/Exchange of Information

This form provides LDTherapy with written permission to commutate with other individuals regarding your treatment. This release shall be valid until termination of treatment or withdrawn in writing by the patient during the course of treatment

I, _____ authorize LDTherapy to release and/or exchange information with _____ regarding details about my mental health treatment. _____'s contact information is _____.

Patient Name: _____

Signature _____

Date: _____