



# Progression Counseling Group ( A Company of Hillary Schultz Therapy, LLC)

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## Authorization to Exchange and/or Release Information:

### Insurance on File

I authorize Progression Counseling Group to disclose to and/or obtain information from:

### **Your Insurance Company Which we Have on File:**

#### **Description of Information to be Disclosed:**

**Diagnosis**    **Date of Service/Length of Service/Type of Service**    **Other**  
**Information Required for Requested for Billing/Payment**

#### **Purpose:**

**Insurance Billing/Payment Collection for Services**

CLIENT NAME: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_