



Kimberly C. Wong, LCSW

1910 Huntington Drive, Suite 2, South Pasadena, CA 91030, 626-260-1356

Consent for Release of Information to Health Insurance or Third Party Payers

Name Client1 _____	Birth Date: _____
Name Client2 _____	Birth Date: _____

I authorize Kimberly C. Wong, LCSW, to release information regarding me, the above named client(s) to the following third party payers or its agents in order to use or receive insurance benefits, reimbursements, or payments:

- Anthem Blue Cross Blue Cross Blue Shield Blue Shield/Blue Shield of California
- Optum/United Healthcare/UBH/USBHPC Magellan Aetna Cigna
- Victim of Crime Compensation/Victim Witness Assistance Program
- Other: _____

Disclosure shall include diagnostic information and service dates. Disclosure may also include initial evaluation, history, and treatment plan and information.

I/We understand that this consent shall remain effective until revoked in writing by the undersigned (the revocation will not affect any action that has already been taken in accordance with consent). I/We understand that a photocopy of this consent shall be as valid as the original.

_____ Client1 Signature	_____ Printed Name	_____ Date
_____ Client2 Signature	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature (if applicable)	_____ Printed Name/Relationship	_____ Date