

MILLS PSYCHOLOGY PROFESSIONAL CORPORATION

PSYCHOLOGICAL, COUNSELLING, ASSESSMENT, EDUCATIONAL, & VOCATIONAL SERVICES
HEAD OFFICE: 905 DILLINGHAM RD., UNIT 19, PICKERING, ON CANADA L1W 3X1
E-mail: psychologist@bell.net Web: www.MillsPsychology.ca
Tel/Fax: (905) 686-7184

JON MILLS, PhD., Psy.D., C.Psych., ABPP
Director

PERMISSION TO DISCLOSE PRIVATE INFORMATION

TO BE FILLED OUT BY INSURER

Name of Insurance Company: _____

Name of Person Requesting Information: _____

Title of Person Requesting Information: _____

Contact Information: _____

Purpose of Request for Patient Disclosure: _____

Name of Patient: _____

Name of Member who is Insured if different than Patient: _____

Dates of Service: _____

Amounts: _____

Authorized Signature & Date: _____

TO BE FILLED OUT BY PATIENT

Office Location: _____

Name of Therapist: _____

I due hereby understand the purpose of this waver of confidentiality and give consent and permission to Mills Psychology to release the information listed above to the third party requesting disclosure of personal information.

Patient Name: _____ Date: _____

Patient Signature: _____