



Atlanta CBT, LLC
834 Inman Village Parkway
Suite 220
Atlanta, GA 30307
(404) 710-6605

Consent to Release Confidential Information

I authorize my provider at Atlanta CBT, LLC (check one):

Dr. Leah Farrell-Carnahan, PhD., L.C.P.

Heidi Wood, L.C.S.W.

to use and disclose the following health information:

- Entire record
- Discharge summary
- Other: _____

I authorize use or disclosure of the health information for the purposes of:

- Coordination of treatment
- Other: _____

This information may be disclosed to the following individual or organization:

Name: _____

Address: _____

Telephone: _____

If I check the following box, the individual or organization named above may also disclose information to my provider at Atlanta CBT for the purposes described above.

As the person signing this consent, I understand that I am giving permission for my provider at Atlanta CBT, LLC to disclose confidential information or records. I also understand that I have the right to revoke this consent at any time, but that my revocation is not effective until it is delivered in writing to Atlanta CBT, LLC. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made will be included in my original records.



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Print client's name

Signature of client/legal guardian/parent

Print legal guardian/parent name if client is a minor

Date