



C O U N S E L I N G

Consent to Contact Insurance Company

I, _____ consent to communication between Hope & Meaning Counseling and my insurance company, _____, and its representatives.

Communications will be for the following purposes: billing/claims submissions, responding to audits by the insurance company. Communications may take place through phone, email and/or mail services.

I can revoke this consent at any time either in writing or verbally. I understand that if I revoke consent, all pending services at the time of revocation will revert to a private pay rate of service as agreed on by Hope & Meaning Counseling.

Client - Print Name

Client - Signature

Date