

Couples Counseling of Amherst, LLC  
Marlene Meinelt LICSW, CST  
409 Main Street, Suite 122  
Amherst, MA 01002  
413-345-2991  
(f) 413-825-0081

**RELEASE/REQUEST OF INFORMATION FROM YOUR INSURANCE  
COMPANY**

Client's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

I hereby authorize: obtain **Marlene Meinelt LICSW, CST** to release information to or  
information from:

- Blue Cross Blue Shield
- Harvard Pilgrim
- Health New England
- Tufts
- Other

The following information from my record: **Name, Date of Birth, Type of Services Requested, Insurance ID#** is necessary in order to verify eligibility and benefits. This verification may be done via telephone, email, insurance company website or via third party EHR software.

If additional sessions are necessary and authorization is required in order to obtain additional sessions, then your insurance company may ask for additional information, such as information to substantiate your diagnosis. Your insurance company may want to discuss your mental health treatment contained in your records created during the course of your mental health treatment, including, but not limited to, your diagnosis.

I understand that **Marlene Meinelt LICSW, CST** abides by Federal Confidentiality Regulations (42 CFR, Part 2) published July 1, 1975, revised 1987, which protect the confidentiality of my records and that information contained in my record cannot be disclosed without consent unless otherwise provided for in the regulations.

Your signature below indicates that you understand that you have a right to receive a copy of this authorization. Your signature also indicates that you are aware that any cancellation or modification of this authorization must be in writing, and you have the right to revoke this authorization at any time unless the therapist stated above has taken action in reliance upon it.

Additionally, if you decide to revoke this authorization, such revocation must be in writing and received by the above-named therapist at 409 Main Street, Suite 122, Amherst MA 01002 to be effective.

I herewith release and hold harmless **Marlene Meinelt LICSW, CST** from any liability for the release of any information provided in accordance with this directive.

Client's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_