

Pamela Salaam, LCSW
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Kingwood, TX 77339
(832) 330-2567

RELEASE OF INFORMATION

I authorize Pamela Salaam, LCSW or her agent, to release information to the following people for purposes of helping with my treatment.
Highlighted items are required.

EMERGENCY CONTACT

Name _____ **Relationship** _____

Address _____

City _____ ST _____ Zipcode _____

Phone Numbers (Hm) _____ **Cell** _____ **Bus** _____

PLEASE INITIAL IF INFORMATION ABOUT YOU MAY GIVEN TO THIS PERSON if they request it. YES _____ NO _____

PSYCHIATRIST, if applicable

Name _____

Address _____

City _____ ST _____ Zipcode _____ Phone _____

PRIMARY CARE PHYSICIAN

Name _____

Address _____ City _____

ST _____ Zipcode _____ Business Phone _____

FORMER THERAPIST, if applicable

Name _____

Address _____ City _____

ST _____ Zipcode _____ Business Phone _____

INSURANCE COMPANY _____ **Policy No.** _____

Group No. _____ **Phone No.** _____

Name of person carrying insurance _____

Name of business _____

Date of Birth of person carrying insurance _____ **SS#** _____

EAP authorization number, if applicable _____

ANY OTHER PERSON TO WHOM YOU AUTHORIZE RELEASE OF INFORMATION

Name _____ Relationship _____

Address _____ City _____

ST _____ Zipcode _____ Phone Number(s) _____

SIGNATURE _____ **Date** _____