

Lakeville Behavioral Health, LLC

10535 165th Street West

Lakeville, MN 55044

Phone (952) 435-0022 Fax (952) 435-0095

Authorization to Release Billing and Appointment Information

Client Name _____

I, _____ (parent name if minor) authorize
Lakeville Behavioral Health to release information regarding appointment scheduling and billing
related issues to the following person/ persons:

Name _____ Phone _____ Relationship _____
Okay to leave voicemail/ message _____

Name _____ Phone _____ Relationship _____
Okay to leave voicemail/ message _____

Name _____ Phone _____ Relationship _____
Okay to leave voicemail/ message _____

Name _____ Phone _____ Relationship _____
Okay to leave voicemail/ message _____

NOTE: *I understand that it is my responsibility to update this information whenever necessary*

Signature _____ Date _____