



# WHITE OAK *Counseling and Recovery*

125 E Main Street, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

## Authorization for Scheduling, Billing and Payment Purposes

This form, when completed and signed by you, authorizes the person(s) whom you have indicated below to contact us on your behalf for scheduling, billing and payment purposes only.

**I authorize** \_\_\_\_\_

*Please indicate your relationship with this person:*

Spouse  Significant other  Parent/Guardian  Other: \_\_\_\_\_

**I authorize** \_\_\_\_\_

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Spouse  Significant other  Parent/Guardian  Other: \_\_\_\_\_

**I authorize** \_\_\_\_\_

*Please indicate your relationship with this person:*

Spouse  Significant other  Parent/Guardian  Other: \_\_\_\_\_

- This authorization will expire once the purpose of this disclosure ceases to exist, but no later than one year from the original date of signing.
- I understand that I have the right to revoke this authorization at any time by giving spoken or written notification to White Oak Counseling and Recovery.

\_\_\_\_\_  
Client Name / Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name / Signature of Person responsible for payment  
(If other than client)

\_\_\_\_\_  
Phone number