

**DORIS M. DOMINGUEZ, MSW, LCSW
LICENSED PSYCHOTHERAPIST**

Authorization to Release Information

I authorize Doris M. Dominguez, MSW, LCSW
of
9010 SW 137 Avenue
Suite 236
Miami, FL 33186

To release medical and other information as required for the collection of benefits by insurance carriers and/or their agents or other third party sources of payment acquired in the course of my examination or treatment.

Assignment of Insurance Benefits

I authorize payment directly to:

Doris M. Dominguez, MSW, LCSW
9010 SW 137 Avenue
Suite 236
Miami, FL 33186

Insured or other authorized person's signature: I authorize payment of medical benefits to the undersigned provider of services.

Client Signature

Date

Parent or Guardian Signature

Date

Provider Signature

Date