

**CONSENSUAL LIEN FOR THERAPIST SERVICES
& MEDICAL RECORDS RELEASE**

Insurance Company:

Patient: _____ *Today's Date:* _____

Date of Birth: _____

Date of Injury: _____

I hereby authorize A Sensitive Touch to furnish you with medical records of his/her examination, diagnosis, treatment, prognosis, etc. of myself in regard to the accident of _____.

I hereby authorize and direct you, my insurance company and/or my attorney, to pay directly to A Sensitive Touch such sums as may be due and owing for professional service rendered me both by reason of the accident of _____ and by reason of any other bills for services and to withhold such sums from any settlement judgment or verdict as may be necessary to pay for these services. I hereby further give a lien on my case to A Sensitive Touch against any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to A Sensitive Touch for all professional bills, submitted by their office for services rendered me and that this Agreement is made solely for their additional protection and in consideration of their awaiting payment. I further understand my obligation to make payment is not contingent on any settlement, judgment or verdict by which may occur.

Dated: _____ Patient's Signature: _____

Interpreter Name: _____ Interpreter's Signature: _____

WITNESS SIGNATURE AND ADDRESS

Witness: _____ Address: _____

cc Attorney:

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