832-303-3082
www.NewFocusCounseling.com
Mailing Address: 14781 Memorial Dr. #202, Houston, TX 77079
Fax: 832-246-7368

Authorization to Release Confidential Information

Name:_____
(Name of Client)

Address:_____
(Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

I authorize the following health care provider, attorney, counselor, school, etc.:

_____
(Individual, Physician, Hospital, Clinic, Attorney, Counselor, School, etc.)

_____
(Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

to release the following specific confidential information:

Yes ◯ No ◯ Evaluation and Assessment.

Yes ◯ No ◯ Educational Plan. Indicate specific information:

Yes ◯ No ◯ Diagnosis, Treatment Plan, Progress Notes.

Yes ◯ No ◯ Legal Information. Indicate specific information:

Yes ◯ No ◯ Academics. Indicate specific information:

Yes ◯ No ◯ Psychological Reports. Indicate specific information:

Yes ◯ No ◯ Other. Indicate specific information:

to the following individual:

_____
(Name or Position of Individual / Organization, if any represented)

_____
(Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

The information released may be used by the individual, or the organization represented by the individual for the following purpose(s):

_____

I understand that: 1) I may revoke this authorization in writing by contacting the New Focus Counseling Alliance, Inc.; 2) this authorization will not affect treatment, payment, enrollment, or eligibility for benefits; and 3) information disclosed because of this authorization could be subject to re-disclosure as authorized by law.

EXPIRATION DATE: This authorization will expire on _____(If no date is stated, expiration is one year from the signature date.)

This form was read by me was read to me and I understand its meaning. All the blanks were filled in before the form was signed by me.

_____
(Print / Type Name of Person Authorized to Consent to Release of Information)

_____
(Signature of Authorized Person)

_____
(Address) (Telephone) (Date)