Consent for Release of Information of Medical Records

Plumeria Counseling Center | 2501 W. William Cannon Dr, Suite 6A, Austin, Texas 78745
Phone: (512) 344-9181 | Fax: (512) 344-9135 | www.plumeriacounseling.com

Client Information	Name _____ Date of Birth _____ Address _____ City _____ State _____ Zip Code _____ Phone Number_____
Clinic/Health Care Provider Who releases the information	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone Number_____ Fax Number _____
Receiving Party Who receives the information	Name _____ Relationship to Client_____ Address _____ City _____ State _____ Zip Code _____ Phone Number_____ Fax Number _____
Information to Be Released (*check all that apply)*	□ Hard copy of complete client record □ Hard copy of clinical casenotes only □ Hard copy of billing materials only (no clinical content) □ Clinician synopsis – objective content only □ Clinician synopsis – subjective and objective content
Purpose(s) of Release (*check all that apply)*	□ Coordination of care □ Consultation with other professional □ Transfer of care □ Other _____
Method of Release	□ Verbal discussion over phone or in-person □ Physical transfer of medical documentation via Fax____ or Mail_____ □ Other _____
Scope of Consent	Does this consent authorize the Receiving Party to release information, if applicable, according to the same terms and conditions contained herein? □ Yes □ No □ Not Applicable

Client/Guardian Signature _____ Date _____

This authorization lasts for one year after the date you sign it unless you enter a different date or expiration here:_____. This authorization may be canceled in writing at any time. A photocopy/fax of this authorization will be treated in the same way as the original. Your signature indicates that you have read and understood this form, and authorize the release of your information as described above. FOR RECIPIENT OF INFORMATION: *If any of the requested records contain information regarding alcohol or drug abuse treatment, it may be protected by Federal confidentiality rules (42 CFR Part 2). Further discosure of this information is prohibited without written consent of the person to whom it pertain or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical information is NOT sufficient for this purpose.*