

ALAMO HEIGHTS COUNSELING, INC.

RELEASE FORM

AUTHORIZATION TO OBTAIN, RELEASE, OR EXCHANGE INFORMATION

Client Name: _____

Date of Request: _____

Client: DOB: _____

Client SSN or Insurance ID: _____

INFORMATION MAY BE RELEASED BY:

THERAPIST: _____

COMPANY: Alamo Heights Counseling, Inc.

ADDRESS: 900 NE Loop 410; Suite D200

CITY, STATE, ZIP: San Antonio, TX 78209-1407

PHONE/FAX: 210-822-2600, fax: 210-822-2685

INFORMATION MAY BE RELEASED TO:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE/FAX: _____

INFORMATION MAY BE RELEASED BY:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE/FAX: _____

INFORMATION MAY BE RELEASED TO:

THERAPIST: _____

COMPANY: Alamo Heights Counseling, Inc.

ADDRESS: 900 NE Loop 410; Suite D200

CITY, STATE ZIP: San Antonio, TX 78209

PHONE/FAX: 210-822-2600, fax 210-822-2685

Type of information to be disclosed:

- Attendance/appointment dates/times
- Diagnosis
- Compliance
- Treatment/Progress notes
- Other: _____

Purpose of disclosure:

- Legal Matter
- Referral/Coordination of Care
- Employment/FMLA
- Educational Reasons
- Other: _____

This consent will expire one year from the date of request above. It may be revoked in writing at any time by the person whose authorized signature appears below.

Authorization: I authorize Cheryl L. Shulter, MA LPC to release information to or receive information from the above named individual or company. I acknowledge that I am the client named above or the legal guardian of the client named above and I have the legal right to grant this authorization. I understand that I may revoke this authorization at any time except to the extent that action has already been taken. My revocation of this release will be immediate upon receipt. I agree that a copy, fax, or scan of this authorization is to be considered as effective as the original. I understand that if the recipient of this information is not a "covered entity" under Federal Privacy Laws or other applicable laws, this information may be subject to release by that recipient.

Client/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Client: _____

ADMINISTRATIVE USE ONLY:

Date received: _____ Received by: _____ Action taken: _____ Action taken by: _____