

## Austin Family Mental Health

2700 Bee Cave Road, Suite 203  
Austin, Texas 78746  
Phone: (512) 328-7222 Fax: (512) 367-5668

I hereby authorize **Austin Family Mental Health** located at 2700 Bee Cave Road, Suite 203, Austin, Texas 78746 to:

Release To and/or Obtain from

(Person/Entity Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Telephone) \_\_\_\_\_  
(Fax) \_\_\_\_\_

Medical Records obtained during the course of treatment of:

(Patient Name) \_\_\_\_\_  
(Date of Birth) \_\_\_\_\_  
(Social Security Number) \_\_\_\_\_

The information to be disclosed is limited to:

- |  |  |
|--|--|
| <input type="checkbox"/> Entire Record             | <input type="checkbox"/> Admission Notes       |
| <input type="checkbox"/> Medication Record         | <input type="checkbox"/> Laboratory Data       |
| <input type="checkbox"/> Treatment Plans           | <input type="checkbox"/> Physical Exam         |
| <input type="checkbox"/> Progress Notes            | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Communication             | <input type="checkbox"/> Psychotherapy Notes   |
| <input type="checkbox"/> Billing/Financial Records | <input type="checkbox"/> Other (Specify) _____ |

The consent of disclosure is subject to revocation at any time except to the extent that the action has been taken in reliance thereon (i.e. information already disclosed). My signature means I have read this form and/or have had it read to me and explained in language that I can understand. I hereby release the above information from any legal liability resulting from the release of this information.

This consent of disclose will expire ninety (90) days after the termination of treatment, or as otherwise specified by date, event, or condition as follows, unless previously revoked by me:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE RECEIVING PARTY OF THIS INFROMATION:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.