



Forever Hope Counseling & Educational Services, LLC

Stone Oak Location
1162 E Sonterra Blvd Suite 130
San Antonio, Texas 78258
www.foreverhopecounseling.com

Boerne Location
108 Oak Park
Boerne, TX 78006

AUTHORIZATION TO DISCLOSE MENTAL HEALTH INFORMATION

I hereby authorize Forever Hope Counseling & Educational Services, LLC to disclose the individually identifiable health information as described below, which may include psychotherapy notes. I understand that this authorization is voluntary, and I may refuse to sign this authorization. I also understand that if I do not sign this form, federal and state law will prohibit Forever Hope Counseling & Educational Services, LLC from releasing records regarding his/her treatment of me/my child to the designated Recipient. I understand that if the recipient is authorized to receive the information is not a covered entity, e.g. insurance company or health care provider, the released information may no longer be protected by federal and state privacy regulations.

_____ *Print Patient Name* _____ *Date of Birth* _____ *Address*

Description of information to be released: (check all that apply)

_____ Treatment Plan _____ Diagnostic Testing
_____ Billing Records _____ Progress Notes
_____ Other: _____

Description of the purpose of the use and/or disclosure: _____

The individually identifiable health information described herein shall be shared with and from:

Name & Address of Designated Recipient

I intend for this Authorization to remain in full force and effect until I revoke it in writing. Further, it is my intent that a copy of this Authorization shall have the same effect as the original.

I further understand that I may revoke this authorization at any time by notifying Forever Hope Counseling & Educational Services, LLC in writing at 1162 E. Sonterra Blvd, Suite 130, San Antonio, TX 78258. I also understand that the written revocation must be signed and dated with a date that is late than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

_____ *Signature of Client or Client's Representative* _____ *Date*

_____ *Printed Name of Client or Client's Representative*

_____ *Relationship to Client* or _____ *Legal Authority (attach supporting documentation)*