



Forever Hope Counseling & Educational Services, LLC

Stone Oak Location
1162 E. Sonterra Blvd, Ste 130
San Antonio, Texas 78258

Boerne
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
(documentation)

or Legal Authority (attach supporting