

Authorization for Release of Information

Client Name: _____

Date of Birth: _____ **SS#:** _____

Information to be released to/from:

Information to be released to/from:

Kelly A. Martin MA, LPC _____

Sonshine Soul-utions Counseling _____

2220 North Beach Street _____

Haltom City, Texas 76111 _____

817 – 831- 4673 counselorkelly@gmail.com _____

The purpose of this release is to secure, coordinate, and/or provide services for you (the above named client). I understand that this information is being shared in collaboration with the service providers who are responsible for the treatment planning of my care.

I authorize the release of the following information:

- Identifying information:** name, birth date, social security number, sex, race, address, and telephone number.
- Case information:** treatment plan, assessment(s), psychosocial history, progress notes, and other documentation as necessary.
- Drug and/or alcohol abuse, psychiatric records, and/or HIV/AIDS Records:** I understand that if my records contain information in reference to drug and/or alcohol abuse, psychiatric care, sexually transmitted diseases, Hepatitis B or C testing, and/or other sensitive information, I agree to its release.

I understand that I have the right to revoke this consent for future contact at any time by giving written notice. I understand that requested copies may be subject to a reasonable fee. I understand that I may not withdraw authorization for a disclosure that is necessary for the purpose of making payment for services provided or for coordinating my care in the event that I am a danger to myself or others.

I understand that the information disclosed in this authorization may be subject to re-disclosure by the recipient. I release Kelly A. Martin MA, LPC, from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

This authorization is valid for one year, effective _____ through _____

Date of revocation (if applicable – must be submitted in writing) _____

Client:

Signature: _____ Date: _____

Printed Name: _____