R.E.A.L.  Counseling, LLC

Authorization to Release Medical Records

Patient's Name:	**DOB:**
Patient's Current Address:	
Patient's Previous Address:	
Patient's Current Phone #:	

INFORMATION TO BE RELEASED

☐ All Records

☐ Other, (specify): _____

REASON FOR REQUEST

☐ **Personal Records** ☐ **Specialist/Referral** ☐ **School** ☐ **Insurance** ☐ **Legal**

☐ **Transferring Out**

Transferring Reason: ☐ **Relocation** ☐ **Change Insurance** ☐ **Unhappy with Staff/Practice**

☐ **Other:**_____

DELIVERY OF RECORDS

☐ **Pick Up In Person** ☐ **Via Regular Mail** ☐ **Fax :(___)**_____

RELEASE INFORMATION TO

NAME:

ADDRESS:

CITY: **STATE:** **ZIP:**

*****By signing below, I understand that (1) I release REAL Counseling, LLC and its employees, agents, officers and affiliates from any and all liability, responsibility, claims and damage, which may result from the release of information authorized by this Consent for Release of Medical Information; (2) this consent is valid from the date signed and continues until I revoke this authorization by giving R.E.A.L Counseling, LLC written notice; (3) I may revoke this authorization at any time, unless the action has already been taken utilizing this signed consent or it the authorization was obtained as a condition of obtaining insurance coverage; (4) the practice will not condition treatment or payment based on my signing this authorization; (5) I am signing this authorization freely; (6) no one has pressured me to sigh this authorization; (7) I acknowledge that I've had an opportunity to review this authorization and understand the intent and use; (8) the information disclosed in this authorization may be subject to redisclosure by the practice and no longer protected by federal law.**

_____ _____ _____

PARENT/LEGAL GUARDIAN SIGNATURE **RELATIONSHIP TO PATIENT** **DATE**

PLEASE FILL OUT BELOW IF PAYING BY MASTERCARD, DISCOVER, AMEX, OR VISA

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

CARD NUMBER	**3 0R 4 DIGIT VERIFICATION NUMBER**
SIGNATURE	**EXPIRATION DATE**