

BRAZOS VALLEY CHRISTIAN COUNSELING
4444 Carter Creek, Suite 204
Bryan, Texas 77802
(979) 260-6700
f (979) 260-3366

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____,

authorize Brazos Valley Christian Counseling _____
4444 Carter Creek, Suite 204 _____
Bryan, Texas 77802 _____

to furnish and release the following psychological/educational/medical information and records relevant to the evaluation and treatment of _____ to:

Brazos Valley Christian Counseling _____
4444 Carter Creek, Suite 204 _____
Bryan, Texas 77802 _____

Information to be disclosed:

_____ Hospital Discharge Summary	_____ Psychological Reports
_____ Educational Test Results	_____ Psychiatric Evaluation
_____ Progress Notes / Summaries	_____ Behavioral Data via
_____ Data via Telephone	_____ Classroom Observation
_____ Other _____	

I, the undersigned, understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance hereon, and, if not revoked earlier, it shall terminate one year from date of signing.

TO THE PARTY RECEIVING INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42CFR-Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of other information is not sufficient for patient records protected under federal law 42CFR-Part 2.

Patient/Guardian Signature

Date

Witness Signature

Date