

SENSIBLE COUNSELING

100 Glenborough Drive, Ste 443

Houston, TX 77067

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RELEASE OF INFORMATION CONSENT

Client Name _____

DOB _____

I authorize Sensible Counseling, 100 Glenborough Drive, Ste 443, Houston, TX 77067 To disclose and or obtain treatment information from the following:

Mental health evaluations Treatment Plan Other

* Your Name and relationship to client: _____

Phone: _____

Address: _____

* The above information will be used for the following purposes:

Planning appropriate treatment or program Continuing appropriate treatment or program
 Determining eligibility for benefits Case review Updating files Other

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after (some states vary, usually 1 year) this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

If you are the legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.

Signature of Client /Legal Guardian _____

Printed Name of Client/Legal Guardian _____

Date Signed _____