

Heather R. Roberts, MA, LMFT, LPC
Licensed Marriage and Family Therapist
Licensed Professional Counselor
26411 Oak Ridge Drive
The Woodlands, TX 77380
Phone: 281.475.5957
Email: heatherrobertslmft@gmail.com

CONSENT FOR RELEASE OF CONFIDENTIAL PATIENT INFORMATION

This consent authorizes Heather R. Roberts, MA, LMFT, LPC or her representative to release the below specified information about:

Name Date of Birth

To: _____
Recipient's Name

Recipient's Contact Information

For the purpose of: (Please initial)

Insurance Claim Continuity of Care
 Completing Clinical Assessments Treatment of a Minor Child
 Treatment Planning and Coordination Referral
 Legal Action Other (specify) _____

Information to be disclosed: (Please initial)

Discharge Summary Summary of Entire Record
 Treatment Plan Other (specify) _____
 Verbal Communication

Record Consent expires on: _____

I understand that I may refuse to release my record. I understand that I may revoke this consent in writing at any time except to the extent that action has already taken place. I understand that Heather R. Roberts, MA, LMFT, LPC has no control over my records once they are released to a third party. I understand I have a right to a duplicate of this form for my record.

Client Signature Date Signed

Legally Qualified Representative Relationship to Patient Date Signed

Witness Signature Date Signed