

AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION

I hereby authorize SA Counseling, PLLC & James Anderson, L.P.C. to disclose the individually identifiable health information as described below, which may include psychotherapy notes. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment for my health care will not be affected if I do not sign this form. I also understand that if I do not sign this form, federal and state law will prohibit James Anderson, L.P.C. from releasing records regarding his treatment of me/my child to the designated Recipient.

I understand that if the recipient is authorized to receive the information is not a covered entity, e.g. insurance company or health care provider, the released information may no longer be protected by federal and state privacy regulations.

Print Patient Name	Date of Birth	Social Security Number
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Date(s) of service (if known): _____

Description of information to be released: (check all that apply)

<input type="checkbox"/> Entire Record	<input type="checkbox"/> Evaluation Reports
<input type="checkbox"/> Billing Records	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Progress Notes	
<input type="checkbox"/> Other: _____	

Description of the purpose of the use and/or disclosure: _____

The individually identifiable health information described herein shall be released to:

I intend for this Authorization to remain in full force and effect until I revoke it in writing. Further, it is my intent that a copy of this Authorization shall have the same effect as the original.

I further understand that I may revoke this authorization at any time by notifying SA Counseling, PLLC or James Anderson, L.P.C. in writing at 2621 N. Main Ave., San Antonio, TX 78212. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

Signature of Client or Client's Representative

Date

Printed Name of Client or Client's Representative

Relationship to Client

or

Legal Authority (attach supporting documentation)