

Serendipity Therapy Services 850 Tower Dr. Ste 106 Odessa, TX, 79761 (432) 530-6452

Authorization to Release Mental and Medical Health Records

Address: City: State: Zip: Phone #: I,	Client Name:	
Zip: Phone #: Phone #: Phone #: Phone #: Phone #:	Address:	
I,, parent or guardian of, authorize to disclosure of information related to my child's mental or physical health from and to the named providers below. I understand that I may be required to sign additional disclosure paperwork with my child's other providers to ensure appropriate continuity of care. Organizations/Entities Authorized to Disclose Private Health Information	City:	State:
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Organizations/Entities Authorized to Disclose Private Health Information Serendipity Therapy Services 855 Central Dr. #8 Odessa, TX, 79761 (432) 530-6452 The protected health information to be disclosed includes the following: (check all that apply) Assessment Information Diagnosis Treatment Planning Notes Progress & Treatment Notes Communicable Disease Information Organizations Private Health Information Name of Entity or Individual: Address: City/State/Zip: Phone: Results of Psychological Testing Recommendations Reasons for Termination Appointment Information Other: Please explain	disclosure of information related to my child's	s mental or physical health from and to the named
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Psychiatric Evaluation	Psychiatric Evaluation	

For the purpose of continuity of care, education, legal, insurance, billing, and collaboration.



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I understand that this release is valid for one year or until I withdraw my consent in writing, whichever occurs first. Withdrawal of consent for the release of mental health and medical records does not destroy or remove records or information already obtained.

I acknowledge that this authorization is voluntary and that payment or eligibility for benefits for my health care will not be affected if I do not sign this form. I also understand that the information disclosed because of this authorization may no longer be protected by privacy laws and may be disclosed by the company or individual receiving the information.

Parent/Guardian Printed Name	
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Signature of Parent/Guardian	Date