**Salazar Serenity Counseling**

**salazarserenitycounseling@gmail.com**

**361-236-7576**

**Release of Information Consent**

I, DOB authorize Salazar

(NAME OF CLIENT/LEGAL GUARDIAN)

Serenity Counseling to send and/or receive confidential information the following information

Medical history and evaluation(s)

Mental health evaluations

Developmental and/or social history

Educational records

Progress notes, and treatment or closing summary

Other

ToFrom

Phone:

Your relationship to client:

Self

Parent/legal guardian

Personal representative

Other

For the purpose of

 I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent shall expire 90 days after the date of signature unless another date is specified.

Specification of the date, event or condition upon which consent expires.

*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.*

 Date:

(SIGNATURE OF CLIENT/LEGAL GUARDIAN)

Date:

 (WITNESS)