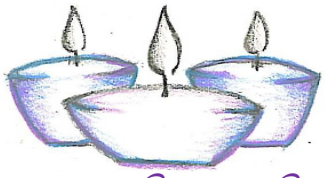
Extrordinary Counseling



*"Your Lights to the future"*

**Authorization to Obtain/Exchange information**

**Case No.:**_____

| _____ | _____ | _____ |
|---|---|---|
| **Client Name** | **Birth Date** | **Social Security Number** |

Information released to:

_____

Name, Address, Phone, Fax

Information released from:
**Extrordinary Counseling, 2803 E. Commerce San Antonio, Texas 78203; 210-337-7850 (fax)**

Purpose of Disclosure: _____Continuity of Care_____

The disclosure of information and records authorized herein is done so in order to facilitate the continuity of care, and/or assistance with diagnosis, and treatment planning. I specifically request that the following information be released:

☐ Complete Medical Record ☐ School/Academic/Vocation Records or Documents

☐ Psychological Evaluation/ Testing Results ☐ Progress Notes (Diagnostic Assessment & TX Plan)

☐ Other_____

Please specify any particular instructions or restrictions for release of information:

_____

_____

I do hereby consent to the exchange and/or disclosure of information regarding the evaluation and treatment of the above named person and acknowledge that I have the legal right to grant this authorization for release of information. I understand that I may revoke this authorization at anytime, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically at the time specified below. I understand that to the extent, any recipient of this information, as identified above, is not a "covered entity" under Federal or Texas Privacy Law, the information may no longer be protected by Federal and Texas privacy law once it is disclosed to the recipient, and therefore may be subject to re-disclosure by the recipient.

This consent will expire: ☐ Upon termination of treatment

☐ Other : _____

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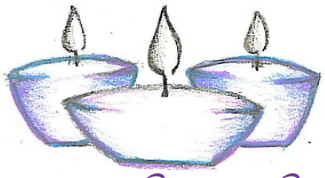

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**I agree that a photocopy/fax of this authorization is to be considered as effective as the original.**

| | |
|---|---|
| _____ | _____ |
| Signature of Client/Parent/Legal Guardian | Relationship to client |
| _____ | _____ |
| Witness | Date |