

Tarnow and Associates, P.A.

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RELEASE OF INFORMATION FORM CONSENT TO RELEASE CONFIDENTIAL INFORMATION TO FAMILY MEMBERS (Release only for communication - Not for records)

Patient Name: _____ DOB: _____ SS# _____

I hereby request and authorize Tarnow and Associates, P.A. to release information regarding me to the individual(s) listed below. I understand that the purpose of this release is to improve communication between the above-named agency and the individual(s) listed below and to assist in my treatment.

Treatment began at this agency on (Date): _____

I hereby request and authorize you to release the information indicated below to the following individual(s).

(Specify Name/Relationship): _____

You have my permission to release the following information:

- | | | |
|---|--|---|
| <input type="checkbox"/> Name of therapist | <input type="checkbox"/> Name of case manager | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Treatment Program(s) | <input type="checkbox"/> Scheduled appointments | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Treatment Summary | <input type="checkbox"/> Progress |
| <input type="checkbox"/> Discharge Plans | <input type="checkbox"/> Admission to/Discharge
from any facility | |

_____ Other (specify): _____

I understand that this gives my consent for the release of information to the individual(s) listed above. I also understand that this allows the above mentioned individual(s) to provide information to my therapist or case manager. I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted upon it. Except as noted above, this release will expire on (Specify Date): _____

or under the following circumstances: _____

Witness #1 Date Client Date

Witness #2 Date Parent/Legal Guardian Date

Second witness needed if client is unable to give verbal consent.
This form may be copied.