

Consent to Release Information

Client Name: _____ Date of Birth: _____

I/We, the undersigned, authorize Blanco Behavioral Health Consulting (BBHC) to exchange/release information to: _____ from: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

This consent is valid for _____ (time frame that is not to exceed 6 months). I understand that I may cancel and/or make changes to this release at any time. If I want to cancel and/or make changes, I must notify BBHC as soon as possible in writing and/or sign the cancellation section below.

I have been advised about and understand the following:

1. The specific information that is going to be released;
2. The risks and benefits of releasing the confidential information;
3. That the person/agency and I may not be able to control what happens to the information once it has been released since the person/agency to whom the information is released may be required by law or practice to share it with others;
4. That a limited release of information can potentially open up access to others to all of my confidential information held by BBHC;
5. The method by which the information will be released (e.g., phone, copied documents sent by mail, e-mail, etc.) and the risks of such a method of communication.

I understand that a photocopy of this consent shall be as valid as the original.

Print Name: _____ Date: _____

Signature: _____ Date: _____

This document requires your full signature. Please download it, sign it, and send it to your therapist.

Revoke/Cancel Consent: I revoke/cancel my release of information consent from this day on.

Signature: _____ Date: _____