

Welcome Suggestions, PLLC
Jaime Nichols, LCSW

12319-B Willow Wild Drive
Austin, TX 78758
512-829-1701

Authorization to Release Confidential Records and Information

Name of Client: _____ Date of Birth: _____

Social Security #: _____ (for hospital records)

I, _____ hereby authorize the following person or facility:

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

to obtain, release and otherwise exchange medical records and other protected healthcare information (PHI), for purposes of continuity of care and coordination of treatment, with:

James Nichols, Licensed Clinical Social Worker, located at

Welcome Suggestions, PLLC 12319-B Willow Wild Drive Austin, Texas 78758 Tel. 512-829-1701

My signature on this form below authorizes discussion of relevant aspects of care between the above-named person or facility and my Elcome Suggestions therapist. This specifically includes information transfer in both directions. I understand named parties will be releasing confidential information as necessary to coordinate and/or enhance my care and treatment.

HIV-status and drug and alcohol related information contained in these records may be released under this consent unless indicated here: ____ Do not release (check).

Client Signature

Date

Legal Guardian Signature

Date

This consent may be revoked by submitting written notification to this office. Revocation of authorization will not affect any action that has taken place, in accordance with this release, prior to the date of notification. Unless revoked, this authorization will expire one year from the date of signature. Authorization covers consent for information to be faxed. A copy of this consent is to be considered as valid as the original.