

Center for Counseling & Wellbeing of Northeast Texas PLLC
101 King Plaza Suite D, Commerce, TX 75428 | 903.375.0048 | Fax 903.246.3309
Consent for Release of Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
(First, Middle, Last)

I, \_\_\_\_\_, authorize Nick P. Patras, Ph.D., LPC-S, NCC and the Center for Counseling and Wellbeing of Northeast Texas PLLC to (select one): [ ] release information to: [ ] obtain information from: [ ] mutually exchange information with:

Regarding the above named client to/from the following individual or organization (Name/Phone/Address/Fax):

\_\_\_\_\_
\_\_\_\_\_

For the purpose of:

- [ ] Coordination of Care [ ] Consultation [ ] Case Management [ ] Legal Matter
[ ] Information needed to support accommodations
[ ] Other: \_\_\_\_\_

Such disclosure is limited to the following information:

- [ ] Appointment verification [ ] Concerns regarding client's wellbeing
[ ] Treatment summary [ ] Dates of treatment or time period
[ ] Diagnosis from psychiatric provider [ ] Psychiatric records from psychiatric provider
[ ] Other (specify) \_\_\_\_\_

I, the undersigned, understand that I may revoke this consent in writing at any time, except to the extent that information has already been released. The Center for Counseling & Wellbeing of Northeast Texas and Nick P. Patras, Ph.D., LPC-S, cannot guarantee confidentiality of information after it is released. This consent expires automatically in one (1) year from the date below authorizing this release, OR specify alternate expiration date of consent

\_\_\_\_\_.

Requests for Release by E-mail or Fax. Information sent by email or fax may not be secure. Your privacy could be compromised. If you choose to have confidential information sent by email or fax to us or from us, signify authorization for e-mail by initialing here \_\_\_\_\_, and/or signify authorization for fax by initialing here \_\_\_\_\_.

Provide the fax number or email address that is to be used: \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Legal representative\* \_\_\_\_\_

Representative's Relationship to Client \_\_\_\_\_

\*To be used in special circumstances which necessitate signature other than the client's signature. When the client is under the age of 18, this signature AND the client's signature are required.