

ABIDING CHRISTIAN THERAPY

CONSENT FOR RELEASE OF CONFIDENTIAL CLIENT INFORMATION

This consent authorizes

Facility/Organization/Individual Releasing Information

Mailing Address

to exchange the following information on

Client Name/Insurance Case #

From/To Abiding Christian Therapy

Facility/Organization/Individual Releasing Information

12655 Woodforest Blvd. Houston, Texas 77015

Mailing Address

for the purpose of ___ insurance claim ___ continued care by another physician or health care facility
___ disability determination ___ other (please state reason for the release) Assessment, treatment
planning, continuity of care.

The information to be disclosed:

- | | | |
|--|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Psychiatric History | <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Medical History &
Physical Examination | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Lab Findings |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Psychological Test | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Program Assessment | <input type="checkbox"/> Admission Note | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance hereon, and, if not revoked sooner in writing. This consent will expire 90 days from the (day signed) or (date of discharge).

To the receiving party of this information - this information has been disclosed to you for the sole purpose stated in the consent any other use of this information without the expressed written consent of the patient is prohibited. These records may be protected by Federal Regulation (42 CFR Part 2).

Client Signature

Date

Client Guardian or Authorized Representative Signature

Date

Witness Signature with Title

Date

12655 Woodforest Blvd. Ste.110, Houston, Texas 77015
(713) 453-2300 Office