**CHRIS RAMIREZ COUNSELING ASSOCIATES, Inc.**

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**AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

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

 (Full name of Patient or Parent) (Date of birth of Patient)

I hereby give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent to release

 (Name of program and/or person making disclosure)

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of program and/or person requesting disclosure)

 (Address, Zip code)

Information from the records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Patient’s Name)

Concerning services during the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of and need for the disclosure is to inform the requesting party of my attendance and progress in counseling. The extent of the information to be disclosed is my diagnosis, participation, progress, and:

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon and if not earlier revoked, it shall terminate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HAVE READ, OR HAD READ TO ME, THE ABOVE AND UNDERSTAND THE CONTENTS.**

 (Signature of Patient) (Date)

(Signature of Parent/Guardian, Authorized Representative of Patient) (Date)

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL LAW REGULATION (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. ANY UNAUTHORIZED DISCLOSURE IS A FEDERAL OFFENSE. A GENERAL AUATHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFENT FOR THIS PURPOSE. NOT TO BE DULICATED. (REVISED 07/09)