CONFIDENTIAL CLIENT INFORMATION

For the offices of

AMY FULLER, PHD

Licensed Professional Counselor
Licensed Marriage and Family Therapist
4545 Bissonnet Suite 289, Bellaire, TX 77401
Phone (832) 848-0870 Secure Fax (832) 699-1414
www.AmyFullerPhD.com
amy@amyfullerphd.com
www.emailyourdoc.com (to send secure email)

Confidential Release Form

_____ _____/_____/_____ _____/_____/_____
Client Name Social Security # Date of Birth

_____
Client Address City State Zip

I _____ hereby authorize Amy Fuller PhD
(Name of client or Parent/Guardian if a minor)

to disclose to and obtain information related to _____
(Name of client or child)

from the following person/professional_____ at the following location:
(Name of Person/Doctor/Therapist)

_____ _____
Address City State Zip Phone Fax Number

The following information may be disclosed/obtained:
☒ Evaluation ☒ Treatment Summary ☒ Hospital/Discharge Summary ☒ Testing
☒ Progress Notes ☒ Educational Records ☒ Medical History/Information
☒ Any other pertinent information needed for continuity of care

The purpose of this data shall be for further health care and treatment planning. This authorization and request to release or obtain information from my records is fully understood as to the nature of the records, information, implications of this release and is made voluntarily on my part.

I understand that I may revoke this consent at any time with ninety days except to the extent that action based upon this consent has been taken. This consent will expire only upon written notice by person listed above or upon fulfillment of the above purposes.

_____ _____
Client Signature (Parent/Guardian if a minor) Date

_____ _____
Client Signature (Parent/Guardian if a minor) Date

_____ _____
Therapist Signature Date

CONFIDENTIALITY NOTICE: Documents accompanying this transmission/form contain confidential information that is legally privileged. This information is intended only for use of the individuals named therein. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or actions taken in reliance on the contents of this document are strictly prohibited. If you received this form in error, please notify us immediately to arrange for return of documents.

PROHIBITION OF DISCLOSURE: Enclosed information may have been disclosed from confidential records protected by federal law. Federal regulations prohibit re-disclosure of confidential information without written consent of the person to whom it may pertain.