



*North Texas Family Services
Lauren Gordon, LCSW*

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75088

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Interview office:
2411 Wesley Street, Suite 303, Greenville, TX

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Authorization for Use and Release of Information

Client(s): _____ DOB: _____
_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

I, the undersigned, hereby authorize and request North Texas Services to disclose treatment plans, therapeutic progress, and goals for the above named person.

Your initials are required to release the following information:

___ Mental health records (excluding psychotherapy notes as defined by CFR 164.501)

The following people may be provided information as it pertains to the mental health of the above mentioned client (s)

Printed Name

Relationship to the client

Printed Name

Relationship to the client

Printed Name

Relationship to the client

Printed Name

Relationship to the client

The purpose of this disclosure of information is at the request of the individual. Dates of service include the entire lifetimes(s) of the above-named persons(s). This release is effective until completion of services unless otherwise revoked. A copy or fax of this authorization is as valid as the original. Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this form.

The person signing this form will be responsible for any fees incurred from this request.

I understand information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected by HIPAA privacy regulations. I consent to redisclosure of any information protected by 42 CFR part 2. I acknowledge that this authorization may be revoked via written notice at any time by sending written notification to North Texas Family Services at the above address. I understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization. I acknowledge I have read this form, agree to the uses and disclosures of the information described, and was offered a copy of this authorization for my records.

Printed Name

Relationship to client(s)

Signature

Date