

**Kelly Bernstein, MS, LCDC, LPC**  
**Alamo Heights Forensic and Individual Therapy**  
*1600 North East Loop 410, Suite 112*  
*San Antonio, Texas 78209*  
*Office: (210) 265-1952 Fax: (210) 267-1653*

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**CONSENT FOR RELEASE OF INFORMATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and request that the following types of information be released by either written or oral format. I authorize that this communication can be written or oral and that it can be two-way communication.

Individual(s) Subject to Discussion: \_\_\_\_\_

Time Period Subject to Release: \_\_\_\_\_

Purpose for Release: \_\_\_\_\_

Types of Information to be Released: \_\_\_\_\_ Psychological/Neuropsychological Testing  
\_\_\_\_\_ Summary of Treatment/Diagnosis/Recommendations  
\_\_\_\_\_ Medical History/Examinations/Lab Tests/Medications  
\_\_\_\_\_ Discharge Summary  
\_\_\_\_\_ Other (Specify): \_\_\_\_\_  
\_\_\_\_\_ Any Information Relevant To Parenting Capacity  
\_\_\_\_\_ All Records

This information will be released to/by:  
Kelly Bernstein, MS, LCDC, LPC  
Alamo Heights Forensic and Individual Therapy  
1600 North East Loop 410, Suite 112 San Antonio TX 78209  
Office: (210) 265-1952 Fax (210) 267-1653

by/from: Name: \_\_\_\_\_ Name: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

I understand that I am under no ethical/moral obligation to agree to disclose the requested information. I understand however that I may be under legal obligation to disclose the requested information. I understand that I can revoke this consent at any time by giving written notice. I acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will. This consent will expire 90 days from the date of my signature below, unless a different time frame is written here: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Witness: \_\_\_\_\_