Lonestar Psychological Services, PLLC

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AUTHORIZATION TO RELEASE/OBTAIN INFORMATION/RECORDS

By signing this Authorization, I hereby authorize and permit the use and/or disclosure of my protected health information (medical records) for the limited purpose(s) and in the limited manner, described in this form. In addition, I understand that this Authorization is completely voluntary and I am signing it under my own free will.

Patient Name	
Patient Phone Number	
Patient Date of Birth	
Name of Entity	
Entity's Phone Number	
Entity's Fax Number	
Entity's Mailing Address	

Authorization: ☐ OBTAIN ☐ RELEASE records and information to/from the entity listed above.

Purpose: ☐ for coordination of care/continuity of care ☐ at request of patient or representative

Timeframe: ☐ All Records or between _____ and _____

Information to Release:

☐ Complete Medical Record
☐ Therapy Records
☐ Evaluation/Consultation Reports
☐ Other: _____
☐ Verbal Exchange of Information
☐ All Diagnostic Test Results
☐ Billing Summary

I fully understand this Authorization and Request to Release/Obtain Records and Information from my records as to the nature of the records, their contents, the consequences and implications of its release, and my request is wholly voluntary on my part. I hereby release the source of these records from any liability arising from their release. I authorize the parties above to talk by telephone about referral, diagnosis, treatment, and similar topics relevant to the above listed purposes for this release of records. I understand that provision of services is not contingent upon this release of records. I understand that I may revoke this consent at any time within 90 days except to the extent that action based on this consent has been taken. This consent will expire automatically after 1 year from the date on which it is signed, or upon the fulfillment of the above purposes. I understand that I have a right to receive a copy of this authorization upon my request.

_____ _____

Signature of Patient/Legal Guardian Date Signed