Life Guide Services
www.lifeguidetexas.com
E-mail: sheaalexanderlpc@gmail.com

2809 Regal Road, Ste. 110
Plano, Texas 75075
Tel: 214-697-5557

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize **Shea Alexander** to release my information as described below:

____ _______________________________
Patient Name (please print) **Date of Birth**

____ _______________________________
Patient's Representative (if applicable) **Relationship to Patient**

Persons/Organizations Receiving Information

____

____

____

Specific information to be released (including dates)[1]: _______________________________

____

Purpose of disclosure: ____

I understand that electronic mail (e-mail) and wireless communication (cell phones) are not secure and be intercepted and read/heard by other people. I also understand that if the recipient authorized to receive the information is not a health care provider, the release of information may no longer be protected by federal and state privacy regulations[2].

The information may be shared by: ❒ Phone ❒ Fax ❒ Mail ❒ E-mail ❒ In person

Patient (or Representative) must read and initial the following statements:

1. I understand that this authorization will expire on __/__/____. (mm/dd/yyyy) **Initials:** _____________
2. I understand that I may revoke this authorization at any time by notifying Shea Alexander in writing. I also understand that if I choose to do so, it will not have any effect on actions taken prior to Shea Alexander receiving my withdrawal. **Initials:** ___________
3. I understand that I may request to see and copy the information described on this form and that I will receive a copy of this completed form. **Initials:** __________

____ _______________________________
Patient/Representative Signature **Date**

____ _______________________________
Therapist's Signature **Date**

[1]Under the Federal Substance Abuse Confidentiality Requirements, an authorization must include the purpose of the disclosure of substance abuse information even if the patient requests the disclosure.
[2]The recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.