



Medical Release Form

From/To Offices of Clifton Fuller, LCSW, LPC, LMFT

15303 Huebner, Bldg #10, San Antonio, TX 78248, 210-404-9001, fax 888-511-4707

Client name (printed) _____
DOB: _____ hereby authorize Clifton Fuller, LCSW-S, LPC-S, LMFT-S or his offices to:

() Disclose to () Obtain from
Group/Individual/Facility(s): _____

Address: _____

Telephone #: _____ Fax #: _____

Circle appropriate request (s): 1/Evaluation 2/Treatment Summary 3/Hospital/Discharge Summary 4/Testing 5/Progress Notes 6/Educational Records 7/Medical Notes/Information 8/Therapist files or 9/ANY & ALL information necessary for continuity of care

Records are regarding me (or my child your name or name of child): _____
(DOB of self/child) _____ while a patient between the dates of _____ and _____.

The purpose of the release of this data shall be:
1/further health care 2/treatment planning 3/educational 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 its release and is made voluntarily on my part.

I understand I may revoke this consent at any time within thirty (30) 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.

Client Signature: _____ Date: _____

Client name printed: _____

Spouse Signature: _____ Date: _____

Spouse name printed: _____

Witness: _____ Date: _____

Witness name printed: _____

CONFIDENTIALITY NOTICE: Documents accompanying this transmission/form contain confidential information which is legally privileged. This information is intended only for use of the individual named therein. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action 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 REDISCLOSURE: 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.