LUCAS CANTU, MA, LPC, NCC CONSENT TO RELEASE/OBTAIN INFORMATION

Name: Lucas Cantu, MA, LPC		Street address: 27 Oak Creek Drive Kaufman, TX 75142	
City: Kaufman	State: Texas	Phone: (469) 595-1794	Fax: (972) 932-3847

To release/obtain copies of general medical, psychiatric, or psychological or social services information from my records. The release of any alcohol and drug abuse records is prohibited unless I specifically consent to the release by marking the appropriate box below. The release of any information concerning AIDS, AIDS Related Complex, Immunodeficiency Virus Infection and the performance of any test, test results, counseling are also prohibited unless specifically consented to below.

Provider authorized to release/obtain records:

Name of facility:_____ Street Address: _____

City: _____ State: _____ Zip:_____ Phone: _____

Fax: _____ Dates of service: From _____ To _____

The specific information requested to be released/obtained:

Yes	No	Information
		Discharge Summary
		Psychiatric Evaluation
		Clinical Evaluation
		Psychological Evaluation
		Other:

Yes	No	Information
		Treatment Plan(s)
		Physician's Order(s)
		Annual Staffing(s)
		Educational Record(s)
		Other:

Yes	No	Information
		Verbal/Written Progress Notes
		Diagnosis/Evaluation(s)
		HIV-Related Information
		Substance Abuse Information
		Other:

Yes	No	Reason for Requested Information
		Evaluation
		Treatment
		Screening
		Progress Reporting
		Reimbursement
		Legal
		Other

I understand I may revoke this consent at any time. I understand that such revocation shall not apply to records that have been disclosed prior to revocation. If not revoked, this consent shall terminate no later than one year from the date of my signature.

_____ _____ _____ _____

Signature of Client Date Signature of Witness Date

_____

Printed Name of Client

_____ _____

Client Social Security Number Client Date of Birth

PROHIBITION ON RE-DISCOOLOSURE: This information is being disclosed to you from records whose confidentiality may be protected by federal law. Federal regulation (42CFR part 2) prohibits you from making any further disclosure of this information without the express written consent of the person to whom it pertains.

Release of Information Revoked

Consent to release of information to the above party revoked on _____.

_____ _____ _____ _____

Signature of Client Date Signature of Witness Date