Abiding Hope Christian Counseling
Ginger Gray, LCSW Clinical Director
19115 FM 2252 Ste. 12, San Antonio, TX 78266

AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION

I hereby authorize Ginger Gray, LCSW and Abiding Hope Christian Counseling, to disclose the individually identifiable health information as described below, which may include psychotherapy notes. I understand that if I do not sign this form, federal and state law will prohibit Ms. Gray and her practice from releasing records regarding her treatment of me/my child to the designated Recipient. By accepting the records pursuant to this Authorization, the Recipient acknowledges that the protected health information covered by this release is confidential, privileged and protected by federal and state privacy statutes and regulations, and agrees that Ms. Gray's release of the individually identifiable health information will continue to be protected by federal and state privacy statutes and regulations.

_____
Print Patient Name Date of Birth Social Security Number

Date(s) of service (if known): _____

Description of information to be released: (check all that apply)

____ Entire Record _____ Evaluation Reports
_____ Billing Records _____ Consultation Notes
_____ Psychotherapy Notes _____ Other_____

Description of the purpose of the use and/or disclosure:
_____
_____

The individually identifiable health information described herein shall be released to:
[INSERT NAME AND ADDRESS OF DESIGNATED RECIPIENT]

I intend for this Authorization to remain in full force and effect until I revoke it in writing. Further, it is my intent that a copy of this Authorization shall have the same effect as the original.
I further understand that I may revoke this authorization at any time by notifying Ginger Gray, LCSW in writing at Abiding Hope Christian Counseling, 19115 FM 2252, Suite 12, San Antonio, TX 78266. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

_____ _____
Signature of Client or Client's Representative Date

_____
Printed Name of Client or Client's Representative

_____ or _____
Relationship to Client Legal Authority (attach supporting documentation)