Stephanie R. Frey, MAMFC, LPC, LMFT
2525 Robinhood Street, Suite 1100
Houston, TX 77005

Request/Authorization to Release Confidential Records and Information

I hereby authorize: Person or facility: Stephanie. R. Frey, MAMFC, LPC, LMFT_____

Address: Village Executive Suites, 2525 Robinhood Street, Suite 1100 Houston, TX 77005_____

to release information from records about _____, born on, _____

and whose Social Security number is_____, for the following purpose(s):

❑ Further mental health evaluation, treatment, or care ❑Rehabilitation program development or services

❑ Treatment planning ❑Other: _____

These records concern the time between _____ and _____.

These records are being released to_____

Type of release: ❑ Oral Communication ❑ Treatment Record;

The information to be disclosed is marked by an X in the boxes below, and the items not to be released have a line drawn through them.

❑ Intake and discharge summaries ❑Medical history and evaluation(s) ❑Mental health evaluations

❑ Developmental and/or social history

❑ Treatment or closing summary ❑Other: _____

If Oral Release of Communication, please designated nature of items discussed, including any limitations:

_____

_____

_____

Select only one:

❑Please forward the records to the address in the letterhead at the top of this form.

❑Please forward the records to :_____.

Release

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

_____	_____	_____
Signature of client	Printed name	Date

_____	_____	_____	_____
Signature of parent/ guardian/representative	Printed name	Relationship	Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent.

_____	_____	_____
Signature of witness	Printed name	Date