Authorization to Release Confidential Information

Name:					
Address:	(Name of Client)		(Date Of Birth)		
	(Street Number, Post Office Box, Route Number)	(City)	(S	tate)	(Zip Code)
I authorize t	he following health care provider, attorn <u>Brazos County Hea</u>				
	(Individual, Physician, Hospital, Clinic, Attorney, C 201 North Texas Ave	Counselor, School, etc.)			
(Stree	t Number, Post Office Box, Route Number)	(City)		tate)	(Zip Code)
to release th	e following specific confidential informa	ation:			
Yes () No	() Developmental Information. Indicate s	specific information:			
Yes () No	() Educational Plan. Indicate specific infe	ormation:			
Yes () No	() Financial Information. Indicate specific	information:	, , , , , , , , , , , , , , , , , , , 		
Yes () No	() Legal Information. Indicate specific inf	ormation:			
Yes () No	() Medical Information. Indicate specific	information:			
Yes () No	() HIV-Related Information. Indicate spe	cific information:			
Yes () No	() Psychological Reports. Indicate speci	fic information:			
Yes () No	() Social History. Indicate specific inform	nation:			- 41 ,
Yes () No	() Other. Indicate specific information:				
to the follow	ring individual:				
	(Name or Position of Individual / Organization, if a	any represented)			
(Stree	t Number, Post Office Box, Route Number)	(City)	(S	tate)	(Zip Code)
	tion released may be used by the individg g purpose(s):	dual, or the organizati	ion represented by t	he ind	ividual for
authorization;	nat: 1) I may revoke this authorization in writing 2) this authorization will not affect treatment, pay result of this authorization could be subject to re	yment, enrollment, or eligi	ibility for benefits; and 3		
	DATE: This authorization will expire on [date or event is stated, expiration is one year from the si				
	_) was read by me () was read to me an signed by me.	d I understand its mea	ning. All the blanks w	vere fill	ed in befor
		,	Signature		
(Print / Type Nar	me of Person Authorized to Consent to Release of Info	ormation)			
(Signature of Au	thorized Person)				
(Address)			(Telephone)		(Date)

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

