Shiloh Counseling Services
12402 Slide Road, #402
Lubbock, TX 79424
Phone (806) 794-3232
Fax (806) 702-8294

Consent to Release Confidential Records and Information

Client Name: ______________________________ Date of Birth: ______________________________________
Guardian Name, if client is 17 or younger: ____

Authorizes Shiloh Counseling Services to: (Check one or both) ❑ Release records to: ❑ Obtain records from:

Person or facility: ____

Address: ____

Phone: ____ Fax: ____

This authorization includes consent to release information verbally from these records: ❑ Yes ❑ No

I understand that the specific type of information to be disclosed includes:

❑ Progress/counseling notes ❑ Intake or discharge summary ❑ Treatment planning
❑ Other: ____

These records concern the time between _________________ **and** ______________________.

The purpose or need for this disclosure is:

❑ Care Coordination ❑ Other: ____

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: ❑ Do not release HIV-related information ❑ Do not release drug and alcohol information.

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 likely 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, 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.

By signing this form, I attest that I understand and agree with the content of this form.

_________________________________ _________________________________ _________________

Signature of client (18 and older) Printed name Date

_________________________________ _________________________________ _________________

Signature of parent/guardian Printed name Date