## CROSSROADS AFFORDABLE COUNSELING OF NORTH TEXAS Glenn T. Howard, MDiv, LMFT

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## **AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION**

I hereby authorize Crossroads Affordable Counseling of North Texas and Glenn T. Howard, M.Div., LMFT to disclose the individually identifiable health information as described below, which may include psychotherapy notes. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment for my health care will not be affected if I do not sign this form. I also understand that if I do not sign this form, federal and state law will prohibit Mr. Howard from releasing records regarding his treatment of me/my child to the designated Recipient.

I understand that if the recipient is authorized to receive the information is not a covered entity, e.g. insurance company or health care provider, the released information may no longer be protected by federal and state privacy regulations.

Print Patient Name	Date of Birth	Social Security Number	
Date(s) of service (if known):			
Description of information to be rele	eased: (check all that apply)		
Progress Notes	Evaluation Reports Treatment Plan		
Description of the purpose of the us	e and/or disclosure:		_
The individually identifiable health ir	nformation described herein shall b	be released to:	
Authorization shall have the same attorney or any member of their offi	effect as the original. This Authorice, provide records if requested, and oke this authorization at any time	revoke it in writing. Further, it is my intent that a copy of norization allows the stated professional to speak with eand testify in court or at a deposition, if subpoenaed to do not by notifying Mr. Howard in writing at P. O. Box 1218, be signed and dated with a date that is later than the date	so. Pilo
		fore the receipt of the written revocation.	
Signature of Client or Client's Repres	sentative	Date	
Printed Name of Client or Client's Re	presentative		
Relationship to Client		or Legal Authority (attach supporting documentation)	