

Patricia Gatlin, M. Ed.
Licensed Professional Counselor Lic #64289
Licensed Marriage & Family Therapist Lic #201417
990 N. Walnut Creek Dr., Suite 2017
Mansfield, TX 76063
817-225-6133 Fax 817-473-4998
pgatlin@patriciagatlin.com

Authorization for Release of Information

I _____ do hereby authorize
Name of Patient or Legal Guardian

_____ to release the following information
Name of Provider of Services

to Patricia Gatlin, M.Ed., LPC, LMFT concerning

_____ including psychological notes,
Name of Patient

Test results and other information pertaining to the psychological treatment of the above named patient.

I understand that I may revoke this consent at any time by giving written notice to the Medical Records Department of the Facility listed above, except to the extent that action has now been taken in reliance thereon.

If no prior notice of revocation is received, this consent will expire automatically two (2) years after the date indicated thereon.

I understand that I have the right to inspect and copy the information to be disclosed.

_____ Date: _____
Patient Signature

_____ Date: _____
Parent/Guardian (if patient is a minor)

_____ Date: _____
Witness

NOTICE TO RECEIVING AGENCY/PERSON:

This information has been disclosed to you from records protected by Federal confidential rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains; or as otherwise permitted by 42 CFR Part 2.

Authorization for Release of Information (pg 2 of 2)

A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The materials specified have been inspected and/or released.

_____ Date: _____
Staff Signature