CONSENT FOR DISCLOSURE OF BEHAVIORAL HEALTH TREATMENT INFORMATION

I, _____ (PRINTED NAME OF CLIENT OR GUARDIAN**)** hereby request and authorize William (Bill) Mory, Ed.S., MoryTherapy and representatives thereof, to disclose to and/or obtain from the person or agency listed below information about _____ (PRINTED NAME OF CLIENT).

Information and records may be disclosed to and with the follow person or agency:

_____.
Person or agency with whom information and records may be shared)

CHECK and INITIAL all items below that may be disclosed. Items NOT CHECKED AND INITIALED will not be disclosed.

☐ Assessment Information and Diagnosis	Initials: _____	☐ Discharge Summary	Initials: _____
☐ Summary of Treatment and Progress	Initials: _____	☐ Intake and Demographic Information	Initials: _____
☐ Current Treatment Update	Initials: _____	☐ Financial, Health Insurance, Billing Records	Initials: _____
☐ Dates of Counseling Visits	Initials: _____	☐ Psychological Evaluation	Initials: _____
☐ Medical Information	Initials: _____	☐ Other:	Initials: _____

REVOCATION: I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to William (Bill) Mory, EdS, LPC, LMFT at 219 South Travis, Sherman, TX 75090. I further understand that a revocation of the authorization is not effective related to action that has been taken prior to receipt of the revocation.

EXPIRATION: I confirm that this consent, unless cancelled earlier in the manner described above, shall expire on _____ (Date) at _____ (Time) with or without any express written revocation.

CONDITIONS: I further understand that William (Bill) Mory, EdS, LPC, LMFT will not condition my treatment on whether I give authorization for the requested disclosure.

FORM OF DISCLOSURE: Unless specifically requested in writing that the disclosure be made in a certain format, William (Bill) Mory, EdS, LPC, LMFT reserves the right to disclose information as permitted by this authorization in any manner deemed to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

CLIENT ACKNOWLEDGEMENT: I hereby release the above listed parties and their representatives from all legal responsibility that may arise from any disclosure made pursuant to this authorization and consent. This release shall be made in compliance with Federal Regulations 42 CFR Part 2, Section 33 of PL 91-616 as amended by PL 93-282 and with all applicable state and local laws. This consent to disclose may be revoked by the undersigned at any time by submitting a written statement of revocation specifically referencing this consent to disclose. Such revocation shall be honored except in cases where information may have already been released.

_____	_____	_____
CLIENT SIGNATURE	PRINTED NAME	DATE
_____	_____	_____
PARENT/GUARDIAN SIGNATURE	PRINTED NAME	DATE