AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

Robert Lee (RL) Turner, MA, LPC #75722
1464 E. Whitestone Blvd. Ste. 1901 - Cedar Park, TX 78613 - (512)470-8910

I _____ hereby authorize Robert Lee Turner, MA, LPC to exchange confidential information regarding my treatment with:

Name & Title: _____

Address: _____

Phone/Fax: _____

Email: _____

Information to be disclosed:
____ Verify participation in therapy
____ Summary of progress
____ Billing information
____ Mental Health Records, no therapy notes
____ Other _____

Methods of disclosure/communication permitted (please circle): Mail Phone Fax Electronic (e-mail) In Person

I authorize the exchange of said information for the continuity of psychotherapy services and care of the client named. Furthermore, I understand that I have a right to receive a copy of this authorization. If I choose to cancel or modify this authorization, I must submit this in writing.

Specific purpose for disclosure:
____ Coordinating Treatment
____ Billing or Claims
____ Legal Purposes
____ School or Employment
____ Other: _____

This authorization expires 30 days after termination of psychotherapy, upon receipt of written revocation of this authorization, or upon this specified date or event: _____

I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to other covered entities as provided by Texas Health & Safety Code §181.154(c), and/or C.F.R §164.506(a)(1). I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws. I also authorize the transmittal of this Authorization from/to the disclosing or receiving party by fax or email, understanding that electronic communication is not secure and may be seen by a third party.

Client Name (Print)_____ Signature _____Date_____

Signature_____Date_____
Robert Lee (RL) Turner, M.A., LPC #75722