

Mary Alvarez, Ph.D.

Licensed Psychologist

1506 Winding Way #210 * Friendswood, TX 77546

281 482-0801 * 281 996-1355 (fax)

DrMaryAlvarez.com

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) includes *records and/or reports* from the following categories or services: medical services; photographs, films, videos, slides, audio data; emergency services; inpatient hospitalization; outpatient clinical services; laboratory and pathology services; pharmacy and prescription services; medical or psychological history; any and all medical and psychological diagnoses and prognoses; itemized statements; psychological or psychiatric treatment; drug/alcohol treatment; all medical and psychological diagnostic and evaluation information; HIV/AIDS testing; medical or psychological progress notes.

I hereby authorize: Mary Alvarez, Ph.D.
Licensed Psychologist
1506 Winding Way #210
Friendswood, TX 77546
281 482-0801 281 996-1355 (fax)

To release the following PHI: psychological records, historical information, applicable correspondence, clinical notations, applicable consultations, educational evaluations, and/or other psychological reports **concerning:**

First Name	Last Name	DOB
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TO:

Name	Tele and Fax Numbers
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Address	City	State	Zip
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_____I also authorize Dr. Alvarez to have telephone discussions of my psychological PHI with the above individual/entity (please initial).

I fully understand this request to release my psychological records, including the nature of the records, their contents, and the consequences and implications of their release. **This request is entirely voluntary on my part** and I understand that I can revoke this request at any time, except to the extent that action based on this consent has already been taken. This consent will expire one year from the date on which it is signed.

Signature of client/parent/guardian	Printed Name	Date
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