



*(Optional form. Fill out this form only if you are requesting medical records be sent to Mr. Fuller, or if you are authorizing Mr. Fuller to release info to other professionals for continuity of your care).*

### Medical Release Form

From/To Offices of Clifton Fuller, LCSW, LPC, LMFT

15303 Huebner, Bldg #10, San Antonio, TX 78248, 210-404-9001, fax 888-599-1976

Client name (printed) \_\_\_\_\_

DOB: \_\_\_\_\_ hereby authorize Clifton Fuller, LCSW, LPC, LMFT or his offices to:

( ) Disclose to ( ) Obtain from

Group/Professional/Facility(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Circle appropriate request (s): 1/Evaluation 2/Treatment Summary 3/Hospital/Discharge Summary 4/Testing 5/Progress Notes 6/Educational Records 7/Medical Notes/Information 8/Therapist files or 9/ANY & ALL information necessary for continuity of care

Records are regarding me (or my child your name or name of child): \_\_\_\_\_

(DOB of self/child) \_\_\_\_\_ while a patient between the dates of \_\_\_\_\_ and \_\_\_\_\_.

The purpose of the release of this data shall be:

1/further health care 2/treatment planning 3/educational planning

This authorization and request to release or obtain information from my records is fully understood as to the nature of the records, information, implications of its release and is made voluntarily on my part.

I understand I may revoke this consent, in writing, at any time within thirty (30) days except to the extent that action based upon this consent has been taken. This consent will expire only upon written notice by person listed above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client name printed: \_\_\_\_\_

Spouse/or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/or Guardian name printed: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name printed: \_\_\_\_\_

**CONFIDENTIALITY NOTICE:** Documents accompanying this transmission/form contain confidential information which is legally privileged. This information is intended only for use of the individual named therein. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this document are strictly prohibited. If you receive this form in error, please notify us immediately to arrange for return of documents.

**PROHIBITION OF REDISCLOSURE:** Enclosed information may have been disclosed from confidential records protected by Federal Law. Federal regulations prohibit re-disclosure of confidential information without written consent of person to whom it may pertain.