

Cornerstone Counseling Center  
4037 Parchman  
North Richland Hills, TX 76180  
817-595-2520 Fax 817-284-8742

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, hereby authorize \_\_\_\_\_ to  
Provider name/facility

Release/obtain/or exchange information about myself/son/daughter, \_\_\_\_\_  
Name

\_\_\_\_\_, to \_\_\_\_\_  
Date of Birth Provider name/facility

The information to be released includes: medical / psychiatric evaluations, treatment plans, progress notes, discharge plans and other information as specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This release is valid until \_\_\_\_\_.

\_\_\_\_\_  
Signature Date

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