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

<< Consent to Release Confidential Information >>

By signing at the bottom, I hereby authorize Cornerstone Counseling Center to release, obtain, or exchange information pertaining to the medical history, mental or physical condition, substance abuse, and/or diagnosis and treatment of the client listed below:

_____, _____, _____

Client's Full Name | Date of Birth | Social Security or Member ID #

I understand this release is effective from the date it is signed, and maintains an active status for one calendar year, and may be revoked in writing by me at any time. I also recognize I am only authorizing this release to the recipient(s) listed below, and that any additional information or new recipients will require a new signature of consent. I further understand I have the right to receive a copy of this authorization upon request. I am limiting the exchange of information only to those listed below:

Name	Phone	Position/Specialty

_____ began seeing this patient on_____, and gave a
date

diagnosis of:

Additional Information:

Signed_____ Date_____