Denise O'Doherty LPC, MSN
3730 Kirby Dr. #910
Houston, Tx. 77098
(713) 524-9525

Authorization for the Release of Confidential Information

I, (Name, please print) _____authorize Denise O'Doherty LPC MSN and _____to exchange verbal and/or written diagnostic, referral and treatment information about me.

Specific information to be released regarding:

_____Attendance
_____Chemical dependency treatment
_____Clinical progress
_____Diagnostic information
_____Discharge information
_____HIV status information
_____Insurance Information
_____Medical history information
_____Gender history for hormone evaluation or SRS
_____Referral information
_____Psychiatric information
_____Other

The purpose of this exchange is to:

_____Facilitate care _____Insurance requirement _____Probation/parole requirement
_____Other (specify)
_____
_____

I understand that my records and information are considered to be highly confidential and are protected under federal, state and local laws, rules and regulation as well as codes of ethics governing the practice of counseling and psychotherapy and cannot be disclosed without my written consent.

I hereby give my written consent to Denise O'Doherty LPC MSN to disclose the information indicated above for the purposed noted above. I understand that this consent expires 6 months after my last date of service and that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc). I further understand that one I release information to the party listed above that Denise O'Doherty LPC MSN cannot ensure the confidentially of that release material. A photographic copy of the authorization shall be considered as valid as the original.

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(Signature of the Client) (Date) (Signature of the therapist)

I hereby revoke my consent as of this date. I understand that all records and information sent prior to this revoke were sent at my request. By signing this revoke, I request that Denise O'Doherty LPC MSN send no additional records, information or communicate with the party listed above regarding my and/or my case

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(Signature of the Client) (Date) (Signature of the therapist)