

Denise O'Doherty  
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Houston, Texas 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                    | _____ Insurance information                            |
| _____ Chemical dependency treatment | _____ Medical history information                      |
| _____ Clinical progress             | _____ Gender history for hormone<br>evaluation or SRS. |
| _____ Diagnostic information        | _____ Referral information                             |
| _____ Discharge information         | _____ Psychiatric information                          |
| _____ HIV status 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 highly confidential and are protected under federal, state and local laws, rules and regulations 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 purposes 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 once I release information to the party listed above that Denise O'Doherty LPC MSN can not ensure the confidentiality of that released material. A photographic copy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
(signature of client)

\_\_\_\_\_  
(date)

