HAUSER CLINIC & ASSOCIATES, P.A.

PSYCHIATRY
Donald E. Hauser, M.D.
Bernard M. Gerber, M.D.
Arturo F. Rios, M.D.
Hayley E. Maislos, M.D.
Lindsay Raymer, M.D.

5959 West Loop South, Suite 600
Bellaire, Texas 77401
713/669-0303
FAX 713/669-0704
www.hauserclinic.com

CHILD & ADOLESCENT PSYCHIATRY
Karen D. Snyder, M.D.

PSYCHOTHERAPY
Cheryl A. Verlander, LCSW

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize: **Person/Facility:**_____

Address:_____

Phone:_____ **Fax:**_____

to disclose a copy of the specific health and medical information described below, for the purpose of treatment and continuity of care, regarding:

Patient:_____ **Date of Birth:**_____

SSN#:_____ **Address:**_____

_____ **Phone:**_____

The information to be disclosed is marked by an X in the space provided below:

_____ Complete medical record _____Other (describe):_____

_____

Please forward the records to: **Person/Facility:**_____

Address:_____

Phone:_____ **Fax:**_____

I, THE UNDERSIGNED, have reviewed and understand this Authorization. I also understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under Federal Law. In addition, I understand the information in my records may include information relating to sexually transmitted diseases, AIDS and HIV, and information regarding behavioral or mental health services or treatment for alcohol and drug abuse.

I understand this Consent or release of medical records will be effective until _____ or when I notify Hauser Clinic & Associates of my intent to revoke it.

_____

Signature of Patient/Parent/Guardian **Date**

_____

Witness **Date**

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.