

Vanessa C. Cantu, Ph.D., LPC 4940 Broadway Street, Ste. 136 San Antonio, TX 78209

AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION

I hereby authorize Dr. Vanessa C. Cantu to disclose the individually identifiable health information as described below, which may include counseling notes. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment for my health care will not be affected if I do not sign this form. I also understand that if I do not sign this form, federal and state law will prohibit Dr. Cantu from releasing records regarding her treatment of me/my child to the designated Recipient.

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or health care provider, the released information may no longer be protected by federal and state privacy regulations.

Print Client Name	Date of Birth	Social Security Number	
Date(s) of service (if known):		•	
Description of information to be release			
Entire Record Billing Records Progress Notes Other:	Evaluation Reports Treatment Plan		
Description of the purpose of the use an	nd/or disclosure:		
The individually identifiable health info	ormation described herein shall	be released to:	
I intend for this Authorization to remain this Authorization shall have the same of		revoke it in writing. Further, it is my intent that a co	py of
Street, Ste. 136, San Antonio, TX, 782	209. I also understand that the	ime by notifying Dr. Cantu in writing at 4940 Browritten revocation must be signed and dated with a contact affect any actions taken before the receipt of the writing the statement of the writing at 4940 Browritten revocation must be signed and dated with a contact and actions taken before the receipt of the writing at 4940 Browritten at 4940 Browriten at 4940 Browritten	late
Signature of Client or Client's Represer	ntative Date		
Printed Name of Client or Client's Repr	resentative		
Relationship to Client	or	Legal Authority (attach supporting documentation)	