Shea Alexander, LPC-S

Life Guide Counseling Services **2809 Regal Road, Ste. 110**
wwwlifeguidetexascom **Plano, Texas 75075**
E-mail: sheaalexanderlpc@gmail.com **Tel: 214-697-5557**

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize **Shea Alexander, MA, LPC-S, DBA Life Guide Services,** to release my information as described below:

_____ _____
Client Name (please print) **Date of Birth**

_____ _____
Client's Representative (if applicable) **Relationship to Client**

Persons/Organizations <u>Providing</u> Information	**Persons/Organizations <u>Receiving</u> Information**
_____	_____
_____	_____
_____	_____

Specific information to be released (including dates)[1]: _____

_____

Purpose of disclosure: _____

I understand that electronic mail (e-mail) and wireless communication (cell phones) are not secure and be intercepted and read/heard by other people. I also understand that if the recipient authorized to receive the information is not a health care provider, the release of information may no longer be protected by federal and state privacy regulations[2].

The information may be shared by: ❒ Phone ❒ Fax ❒ Mail ❒ E-mail ❒ In person

Client (or Representative) must read and initial the following statements:

1. I understand that this authorization will expire on __/__/____. (mm/dd/yyyy) **Initials:** _____
2. I understand that I may revoke this authorization at any time by notifying Shea Alexander in writing. I also understand that if I choose to do so, it will not have any effect on actions taken prior to Shea Alexander receiving my withdrawal. **Initials:** _____
3. I understand that I may request to see and copy the information described on this form and that I will receive a copy of this completed form. **Initials:** _____

_____ _____
Client/Representative Signature **Date**

_____ _____
Counselor's Signature **Date**

[1]Under the Federal Substance Abuse Confidentiality Requirements, an authorization must include the purpose of the disclosure of substance abuse information even if the patient requests the disclosure.
[2]The recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.