

Request/Authorization to Release Confidential Records and Information

I, _____, authorize:

Wright Wellness, LLC
1398 W. Mayfield Rd., Suite 220
Arlington, TX 76015

to obtain, release, and exchange privileged, confidential, and protected health information from my records to and/or from the person designated below:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Wright Wellness, LLC has my authorization to obtain, release, and/or exchange the following clinical information (as indicated by selecting boxes) contained within my treatment records:

- Appointment Dates
- Clinical Interview Information
- Medical history/Records Request
- Psychological assessment/test results and summaries
- Psychological testing/assessment raw data (i.e. protocols, transcripts, worksheets, etc)
- Billing/financial purposes
- Other: _____
- Developmental and/or social history
- Intake and Discharge Summaries
- Progress/Therapy/Case Notes

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated :
 Do not release HIV-related information. Do not release drug and alcohol information.

This authorization will remain in effect until _____ or for 12 months from the date of signing.

Wright Wellness, LLC has explained to me and I fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may revoke this consent at any time with written notice to the office of Wright Wellness, LLC except to the extent that action based on this consent has already been taken. I understand that if the person or organization that receives this information is not a health care provider or health insurer the information may no longer be protected by federal privacy regulations.

_____	_____	_____
Printed Name of Patient	Signature of Patient	Date
_____	_____	
Signature of Witness	Date	