

**Deanna Miesch, LPC-S, ATR-BC**  
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**Medical Records Release Consent**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

This authorizes Deanna Miesch, LPC-S to release or disclose information from the records of the above named client, and/or have information disclosed from the organization/program/individual specified.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

The purpose of this disclosure: \_\_\_\_\_

The information to be disclosed is limited to:

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health History | <input type="checkbox"/> Evaluation/Assessment |
| <input type="checkbox"/> Progress Notes        | <input type="checkbox"/> Treatment Plan        |
| <input type="checkbox"/> Consultation          | <input type="checkbox"/> Discharge Summary     |
| <input type="checkbox"/> Entire Record         | <input type="checkbox"/> Other: _____          |

This consent of disclosure is subject to revocation at any time except to the extent that action has been taken in reliance thereon (i.e., information already disclosed). My signature means that I have read this form and/or have had it read to me and explained in language that I can understand. I hereby release the above information from any legal liability resulting from the release of this information. This consent of disclosure will expire ninety (90) days after the termination of therapy, or as otherwise specified by date, event, or condition as follows, unless previously revoked by me: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE RECEIVING PARTY OF THIS INFORMATION:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.