



**CONSENT FOR RELEASE OF INFORMATION**

Information being released by:  
**Rapha Christian Counseling, 3021 Gateway Drive, Suite 290, Irving, Texas 75063-2671**

Date \_\_\_\_\_

I (We) hereby authorize Rapha Christian Counseling to exchange the following information  
\_\_\_\_\_ (Description of information to be released)

With the following person(s) or organization.

- (1) Referent \_\_\_\_\_ (2) Physician \_\_\_\_\_
- (3) Psychologist \_\_\_\_\_ (4) School \_\_\_\_\_
- (5) Other (specify) \_\_\_\_\_

Name or title of the person or organization, including contact information, to which the exchange is to be made: (Exchange will not be made without complete information)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 NAME OF CLIENT \_\_\_\_\_ Age \_\_\_\_\_

The purpose of this exchange or disclosure of information is: (Exchange will not be made without complete information) \_\_\_\_\_

I understand that I may revoke this release at any time, except to the extent that the practice has taken action in reliance of the consent. Such revocation must be in writing and submitted to the office manger in person, by US mail or e-mail. The consent is valid until revoked; otherwise it will expire on the following date or event \_\_\_\_\_ (unless otherwise noted 60 days from issue date). Please be advised this authorization does not protect the information from being disclosed by the recipient.

Date of information issue \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client/Patient \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Representative (with a description of guardian's or representative's individual authority to act for the Minor) \_\_\_\_\_ Date \_\_\_\_\_  
(Please sign if client/patient is under 18 years of age. Be advised this authorization will be revoked on the child's 18<sup>th</sup> birthday or the expiration date stated above, which ever is first.)