AustinOCD Bruce Mansbridge, PhD, Licensed Psychologist PLLC

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Authorization to Release Confidential Records and Information (Inpatient)

Name of patient: ____ Date of birth: ______________________

I hereby authorize the following person or facility:

____

Address: ____ Phone: __________________________

____ Fax: ____________________________

to release information from records concerning the above-named patient to Bruce Mansbridge, PhD for the following purpose(s):

☒ Further mental health evaluation, treatment, or care ☐ Rehabilitation program development or services
☒ Treatment planning ☐ Research ☐ Other: ____

These records concern the time between _________________ and _________________ ☒ All dates

The information to be disclosed is marked by an X in the boxes below:

☒ Intake and discharge summaries ☐ Medical history and evaluation(s) ☒ Mental health evaluations
☐ Developmental and/or social history ☐ Educational records ☐ Progress notes
☒ Treatment or closing summary ☐ Other: _________________________________

☒ Please forward the records to Dr Mansbridge at the above address.
☐ Do not send any records at this time (but written records may be requested in the future).

☒ Checking this box also authorizes discussions of any aspect of this patient's case between the above-named person or facility and Dr Mansbridge. This specifically includes information transfer in both directions.

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

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken.

____ ___________________________
Signature of client Date

______________________________ __________________________ _________________ _____________
Signature of parent/ guardian/representative | Printed name | Relationship | Date

Rev. 9/2018