



The Jones Center for Children's Therapy and Assessment

Jessica O. Jones, PsyD, LPC-S

604 Strada Circle, Mansfield, TX 76063

Phone: (817) 453-2400 Fax: (817) 453-2414

Website: www.jonesccta.com

Email: contactus@jonesccta.com

AUTHORIZATION TO RELEASE PATIENT RECORDS

When this form is completed and signed, mental health information about the named individual will be released as requested. Please read each section carefully before signing.

Patient Name: _____ DOB: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

The Protected Health Information (PHI) maintained by JCCTA is to be released to:

Individual/Organization: _____

Relationship to Patient: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____

The purpose for the release/disclosure is:

_____ On-going communication/collaboration with another mental health or medical professional

_____ On-going communication with an individual not already authorized by law to access patient's PHI

_____ Transfer of care _____ Legal proceedings _____ Acquisition of disability services

Other: _____

_____ I understand this release can be revoked or cancelled at any time with proper written notification. I understand any revocation I request does not apply to records already released.

_____ I understand once records have been released, JCCTA cannot protect from further disclosure.

Signature of Patient or Authorized Representative: _____ Date: _____

Relationship to patient if authorized representative: _____