Richland Oaks
COUNSELING CENTER

Phone: 469-619-ROCC (7622)
Fax: 469-458-7024
Email: ROCC@richlandoaks.org
Website: richlandoaks.org

Richardson
1221 Abrams Rd. Ste. 325
Richardson, TX 75081

Plano
906 18th St.
Plano, TX 75074

McKinney
6401 Eldorado Pkwy, Ste 208
McKinney, TX 75070

Prosper
212 E. Broadway St.
Prosper, TX 75078

Authorization to Obtain, Release, and Exchange Clinical Information

Completing and signing this form will allow Richland Oaks Counseling Center (ROCC) to obtain, release, and exchange privileged, confidential, and protected information from your clinical record(s) to and/or from the person or entity you designate below.

Client's Printed Name: _____ Date of Birth: _____

My signature below authorizes Richland Oaks Counseling Center (ROCC) to obtain, release, and exchange clinical information to and/or from:

Name: _____

Address: _____

_____

Telephone: _____

Fax: _____

I want ROCC to obtain, release, and/or exchange the following clinical information (as indicated by checkmarks below) contained within my client / treatment / office records:

☐ Appointment dates
☐ Clinical interview information
☐ Progress / Therapy / Case notes
☐ Psychological assessment / test results
☐ Other: _____

☐ Psychological testing / assessment raw data (e.g., protocols, transcripts, worksheets, etc.)
☐ Any written opinions regarding the referral question addressed in a psychological evaluation

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

I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to ROCC's office address. I further understand that my revocation will not be effective to the extent that ROCC has taken action in reliance upon this signed authorization.

_____   _____
Client or Guardian's Signature   Date

_____   _____
Witness Signature   Date