

**AUTHORIZATION FOR RELEASE OF  
MEDICAL/PSYCHIATRIC/SUBSTANCE ABUSE - ARREST/CRIMINAL - CORRECTIONAL/PROBATION/PAROLE  
SCHOOL/ EDUCATIONAL - LITIGATION - EMPLOYMENT/INCOME - RECORDS AND INFORMATION**

"I, \_\_\_\_\_, do hereby **Authorize the Release of any form of records, including all Juvenile and Family Court Records (including but not limited to records created or maintained pursuant to Chapter 58 of the Texas Family Code)**, which are under your care, custody or control, pertaining to myself or any other person for whom I may legally consent. I further Authorize any Service Providers, Record Holders, or other persons who have created, assisted in the creation of, or held, the above records or the information contained therein to engage in **open communication** with my attorney(s) or their representatives as listed below. I am requesting these records for the time period of \_\_\_\_\_ to PRESENT."

"I, \_\_\_\_\_, do hereby **Authorize the Release of any form of records, including all MEDICAL\_\_\_, PSYCHOLOGICAL\_\_\_, PSYCHIATRIC\_\_\_, SUBSTANCE ABUSE\_\_\_** information, including but not limited to any and all records that may be protected by 42 CFR part 2, (including copies) contained in reports, evaluations, testing, assessments, histories, examinations, notes, prescriptions\_\_\_, admission/discharge documents, treatment plans and instructions, limitations or any other form of document relating to the diagnosis and/or treatment of any real or suspected conditions, including, but not limited to medical, psychiatric, psychological, substance abuse, **HIV/AIDS and sexually related disorders**\_\_\_, which is under your care, custody or control, pertaining to myself or any other person for whom I may legally consent. I further Authorize any Service Providers, Record Holders, or other persons who have created, assisted in the creation of, or held, the above records or the information contained therein to engage in **open communication** with my attorney(s) or their representatives as listed below. I am requesting these records for the time period of \_\_\_\_\_ to PRESENT."

"I, \_\_\_\_\_, do hereby further **Authorize the Release of any form of MENTAL HEALTH/MENTAL RETARDATION RECORDS\_\_\_** held by any regional or state branch of Texas MHMR, or similar organizations in other states, including but not limited to reports, evaluations, testing, assessments, histories, examinations, notes, prescriptions, admission/discharge documents, treatment plans and instructions, limitations or any other form of document relating to the diagnosis and/or treatment of any real or suspected conditions, including, but not limited to medical, psychiatric, psychological, substance abuse, **HIV/AIDS and sexually related disorder**\_\_\_, which is under your care, custody or control, pertaining to myself or any other person for whom I may legally consent. I further authorize any staff member of MHMR to discuss any aspect of the above with members of my defense team listed below. I am requesting these records for the time period of \_\_\_\_\_ to PRESENT.""

"I, \_\_\_\_\_, do hereby further **Authorize the Release of any information maintained by the Texas Department of Criminal Justice\_\_\_**, including but not limited to reports, evaluations, testing, assessments, histories, examinations, notes, prescriptions, admission/discharge documents, disciplinary records, treatment plans and instructions, limitations or any other form of document relating to the diagnosis and/or treatment of any real or suspected conditions, including, but not limited to medical, psychiatric, psychological, substance abuse, **HIV/AIDS and sexually related disorder**\_\_\_, which is under your care, custody or control, pertaining to myself or any other person for whom I may legally consent. I am requesting these records for the time period of \_\_\_\_\_ to PRESENT.""

"I, \_\_\_\_\_, do hereby further **Authorize the Release of any and all INSURANCE INFORMATION**, whether health, life, car, or otherwise in nature, including but not limited to all claims, policies, and payments."

"I, \_\_\_\_\_, do hereby further **Authorize the Release of any form of SCHOOL or EDUCATIONAL Records** including but not limited to documents, data, reports, disciplinary information (reports, summaries, records, statements, documents) case file documents, Testing, Assessments, Evaluations and academic transcripts, Conference notes, or any other form of information pertaining to my present, and/or past educational activities."

**Purpose:** These records are being requested in order to assist an Attorney in preparation of a legal matter.

**Revocation:** This request is subject to revocation at any time by communicating such revocation in writing to the records holder listed above, except to the extent that the program or person that is to make the disclosure has already acted in reliance on it. In any event, this consent will expire 5 years after the date signed below.

Such records should be released immediately upon request by and to Attorney **Attorney Name** or their representative(s); where such records shall continue to be confidential until and unless I give my written consent for them to be released to any other person. I understand that once delivered, the confidentiality of the released records cannot be ensured by the releasing party. Additionally, I am aware that I may refuse to sign this release and that any services that I am to be provided are not and cannot be conditioned on my signing of this release.

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
SS #: \_\_\_\_\_

Signature \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.