

Marcela Ot'alora G., LPC Aguazul-Bluewater, Inc.

Authorization for Release of Information

I _____ hereby authorize Aguazul-Bluewater, Inc./Marcela Ot'alora G.,
(Name of Client)
to release the following information (see below) to:

_____, at _____
(Recipient's Name) (Organization)

Fax#: _____ Tele#: _____ Address: _____

Client's Name: _____ Phone #: _____

Client's Date of birth: _____ Client's address: _____

I approve the following types of information to be disclosed:

Evaluations _____	Medical/Hospital Records _____
Diagnosis _____	Psychological/Medical test results _____
Treatment Plan _____	Medical Health Records _____
Psychotherapy Notes _____	
Other _____	

The purpose of such disclosure:

Ongoing Treatment _____	Medical Care _____	Consultation _____
Evaluation _____	Transfer _____	Legal Issues _____
Coordination of care _____	Health Benefit Utilization _____	
Other _____		

Exceptions: _____

This consent is in effect from _____ to _____. I understand that I may
revoke this authorization, in writing, at any time unless action based on it has already taken place.

I hereby release all parties sited herewith from any liability resulting from the release of this information. I
agree that a photocopy of this release shall be as valid as the original.

This is to certify that I have given consent freely and voluntarily, and that the benefits and disadvantages of
releasing the information, if known, have been explained to me.

Signature of Client or Parent/Guardian if under 18

Date

Parent or Guardian's Name (Please Print)