Fusion Family Consulting | 1700 Alma Drive, Suite 450 Plano, TX 75075
Office: 469-344-1414 | Fax: 469-863-7088

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I (we) grant permission for Fusion Family Consulting of 1700 Alma Drive, Suite 450, Plano, Texas 75075 and:

_____ _____
Name Phone

_____
Address

_____
City, State, Zip code

_____ _____
Name Phone

_____
Address

_____
City, State, Zip code

To exchange and release pertinent verbal and/or written medical, psychological, psychiatric, educational, and/or legal information concerning services for:

_____ _____
Patients Name Date of Birth

The purpose of this disclosure is for:

___☐___ Mental Health Care
___☐___ Case Management / Labs/ Clinical Notes

I understand that communication may involve texting and/or e-mail. This and any other consent can be revoked by the undersigned at any time except to the extent that action has been taken in reliance on the release of information form.

I have read this agreement and understand its contacts. I voluntarily and without coercion agree to the terms and conditions stated above.

_____ _____
Patient's Signature Date

_____ _____
Parent/Legal Guardian's Signature Date