



RELEASE OF INFORMATION

I hereby authorize:

IntegrityMind Psychiatry

www.IntegrityMind.com

1251 William D. Tate Avenue #1822

Grapevine TX 76099

Telephone: (734) 274-9533

Fax: (844) 510-3779

Name of Other Party

Address

City, State, Zip Code

Telephone # / Fax #

to both release and obtain information from:

For dates of service from: _____ to COMPLETION OF TREATMENT.

Specific dates or from "start of treatment"

- I release the above cited individuals or facilities of any legal liability that may arise from the release of the information request. I understand that the practice/agency cannot release information obtained from other sources.
- I understand that the individual/institution/agency receiving this information may not release it to any other individual, institution or agency.
- I understand that this release of information can be revoked by me at any time and that the revocation must be signed and dated by me.

I have read this form (or it was read to me) and I understand it. By signing, I am bound by these terms. I certify that the information set forth is complete and correct.

Patient or Parent/Guardian Signature

Date of Birth of Patient

Today's Date

Patient's Printed Name

Relationship to Patient

(If signing as a parent/guardian, i.e. mother, father, etc)

Authorization to Revoke Consent

I hereby revoke my consent for the release of the above information. I understand that disclosures made in good faith may have already occurred in reliance upon my previously issued authorization and that this revocation cannot apply retroactively to such disclosures. I also understand that the disclosure of health information may be required by law in some instances, therefore IntegrityMind Psychiatry/Paul Wright MD PLLC is hereby released from any legal responsibility or liability for the disclosure of the information I previously authorized.

Patient or Parent/Guardian Signature

Date of Birth of Patient

Today's Date

Patient's Printed Name

Relationship to Patient

(If signing as a parent/guardian, i.e. mother, father, etc)