

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

DIRECTED TO: _____

"I, _____ do hereby **Authorize the Release of any form of records, including all MEDICAL_X_**, **PSYCHOLOGICAL_X_**, **PSYCHIATRIC_X_**, **SUBSTANCE ABUSE_X_** information, including 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_X_ , 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_X_**, 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, _____, do hereby further **Authorize the Release of any form of MENTAL HEALTH/ INTELLECTUAL DEVELOPMENTAL DISABILITIES RECORDS_X_** held by any regional or state branch of Texas MHMR, or similar organizations in other states, including 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_X_**, 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, _____, authorize my healthcare providers to provide my protected health information, verbally and by copy of written records, to the person(s) designated herein."

"I, _____ do hereby further **Authorize the Release of any form of ARREST or CRIMINAL RECORDS**, documents, data, reports, offense information (reports, summaries, records, statements, documents, notes), case file documents and /or reports or any other form of information pertaining to my present and/or past criminal history, adult and juvenile, specifically including any document showing my present and/or past alleged or proven criminal conduct that may come into view as a result of criminal records check performed by any law enforcement agency located in the United States, the State of Texas or any other state in the United States."

"I, _____, do hereby further **Authorize the Release of any form of CORRECTIONAL or PROBATION and/or PAROLE RECORDS** or information in the possession of any **community, city, county, state or federal penal institution, including juvenile facilities** medical facilities, mental health facilities and any court or **probation or parole department**. It is my intention that this authorization include any and all information contained in my Unit File, Classification File, Travel Cards, Grievance Files, Incident reports, Disciplinary Reports, School Records, Gang Classification Files, or Probation/ Parole Case or Supervision File, Medical Service File, Counseling or other Treatment file."

"I, _____ do hereby further **Authorize the Release of any and all LITIGATION or ATTORNEY** files, records, and materials concerning my **representation in any and all criminal or civil matters**, whether pending or closed. I also expressly waive my Attorney-Client privilege and authorize my former attorney to discuss and give information regarding any aspect of his representation to my attorney or attorney representative listed below. This release covers all materials in the possession of my attorney and/or his agents including, but not limited to: all files, memoranda, records, (including medical, psychiatric, substance abuse, school, employment, criminal, and military records); statements by witnesses or myself; whether given orally, taped or in writing; and notes (including investigative and research notes) and notes of meetings and telephone conversations concerning my representation."

"I, _____ do hereby further **Authorize the Release of any and all INSURANCE INFORMATION**, whether health, life, car, or otherwise in nature, including all claims, policies, and payments."

"I, _____ do hereby further **Authorize the Release of any form of INCOME OR EMPLOYMENT Records**, documents, data, reports, evaluation, accident or incident information (reports, summaries, records, statements, documents), employment file documents and/or reports or any other form of information pertaining to my present and/or previous **employment history**, unemployment, worker's compensation, Social Security and earnings information, Tax records or filings submitted to any State or Federal Internal Revenue Service or tax office."

"I, _____ do hereby further **Authorize the Release of any form of SCHOOL or EDUCATIONAL Records**, 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 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 730 days after the date signed below.

Such records should be released immediately upon request by and to Attorney(s), _____ or their representative(s), **Lubbock Private Defenders' Office staff** and/or _____ and/or _____, 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. Any responsive records may be released to the previously listed individuals or their designees upon presentation of a copy or a facsimile copy of this release. 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. Documents and information obtained by this request may be subject to re-disclosure by the recipient and no longer protected by the HIPAA Privacy Regulations."

Client printed name: _____ **Client Date of birth:** _____

LAR (if applicable) printed name: _____ **Client SSN:** _____

Client/LAR Signature _____ **Date:** _____