

Hood County Counseling Center
Belinda Tuck Counseling
807 Paluxy Hwy.
817-559-4589

**Authorization For
The Use and Disclosure of Protected Health Information**

I, _____, do hereby authorize Belinda Tuck Counseling, to disclose and/or receive any and all protected health information in my files relating to my physical and mental health, including but not limited to my psychotherapy notes, treatment plans, medical history and any other pertinent information relating to my care to and from the following persons:

OR

Guardianship for Minors: I, _____, do hereby authorize Belinda Tuck Counseling, to disclose and/or receive any and all protected health information for _____ in his/her files relating to his/her physical and mental health, including but not limited to psychotherapy notes, treatment plans, medical history and any other pertinent information relating to his/her care to and from the following persons:

	<i>Address</i>	<i>Phone Number</i>
	<i>Address</i>	<i>Phone Number</i>
	<i>Address</i>	<i>Phone Number</i>
	<i>Address</i>	<i>Phone Number</i>
	<i>Address</i>	<i>Phone Number</i>

I authorize Belinda Tuck Counseling to email or fax protected health information to other office, billing companies, and insurance companies for the purpose of facilitating mental health services to me.

Signed this _____ day of _____, 20____ Signed this _____ day of _____, 20____

**Belinda Tuck Counseling
Therapist**

Client Signature

Social Security Number

Date of Birth