LOUIS LAVES-WEBB
LCSW, LPC & ASSOCIATES
PSYCHOTHERAPY FOR ADULTS, ADOLESCENTS, AND COUPLES
www.LouisLaves-Webb.com
(512) 914-6635

REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, ______________________________ , request and authorize:

Patrick Turbiville, LCSW and
Louis Laves-Webb, LCSW, LPC-S
Phone: 512-806-0137 Fax: 512-842-7256
Address: 601 W 18th Street, Austin, TX 78701

to release to/receive from:

Name: ____________________________________
Organization: ______________________________
Phone: _______________ Fax: _______________
Address: __________________________________
____

the following information: ____
____

This disclosure is made for the following purpose: ☐ continuity of care ☐ other: ________________
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Furthermore, I authorize Patrick Turbiville, LCSW and Louis Laves-Webb, LCSW, LPC-S to discuss information that is relevant to my treatment with the individuals or agencies named above. I specifically authorize the release of information pertaining to drug and alcohol abuse and/or HIV testing if such information is a part of the record.

I make this request and authorization of my own free will. I understand that my mental health records constitute privileged information that is protected by the laws of the State of Texas. I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by providing written notice to the above named individuals. I understand that this consent remains in effect until specifically revoked by me in writing. I understand that any revocation will not be effective to the extent that Mr. Laves-Webb has taken action in reliance on this authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

Client signature: ___________________________________ Date: _______________

Client name (print): _________________________________