

INSTRUCTIONS

This form allows the case manager to consult with other professionals as needed. Please leave the top portion blank, as this is where the professionals name will be added. Please complete the bottom portion, have a witness sign it and forward it with the rest of the packet information.

Bradley S. Craig, CFLE

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CONSENT FOR RELEASE OF INFORMATION

I HEREBY GIVE MY PERMISSION FOR _____
TO RELEASE AND DISCUSS ANY CHILD CARE, INVESTIGATIVE, MEDICAL,
PSYCHOLOGICAL, PSYCHIATRIC, SOCIAL, CHILD SUPPORT,
VOCATIONAL, AND/OR EDUCATIONAL INFORMATION CONCERNING
MYSELF OR MY CHILDREN. I UNDERSTAND THIS REQUEST FOR
INFORMATION INCLUDES MY CONSENT FOR RELEASE OF INFORMATION
ON ILLEGAL DRUG USE, DISEASES, ILLNESSES INCLUDING HIV/AIDS, AND
ANY TESTING ON MYSELF OR MY CHILDREN.

THIS INFORMATION MAY BE RELEASED TO BRADLEY S. CRAIG FOR THE
PURPOSE OF CASE MANAGEMENT SERVICES.

I UNDERSTAND INFORMATION USED OR DISCLOSED PURSUANT TO THIS
AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE AND NO LONGER
PROTECTED. I UNDERSTAND TREATMENT OR PAYMENT CANNOT BE
CONDITIONED ON SIGNING THIS AUTHORIZATION

THIS AUTHORIZATION MAY BE REVOKED VIA WRITTEN NOTICE AT ANY
TIME EXCEPT TO THE EXTENT THAT THE INFORMATION HAS BEEN
RECEIVED AND INCORPORATED INTO THE WORK PRODUCT. THIS
RELEASE IS EFFECTIVE FOR ONE YEAR FROM SIGNED DATE UNLESS
OTHERWISE REVOKED.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

WITNESS: _____

A PHOTOCOPY IS AS VALID AS THE ORIGINAL