**Complete an Authorization**

a. A formal written request must be completed. The following information is required to process the request:

* client's full name, including previously used names, address, date of birth and/or social security number
* specify the information and date(s) of service to be released
* specify the reason the information is to be released
* instructions on pick-up or mailing information
* date of request
* client's signature

b. Blank authorization forms are available online under ***helpful forms*** section. Blank forms may also be faxed or e-mailed to you. Completed authorizations may be returned via fax, mail or hand delivered.

c. You can return the completed signed form in person, by fax or by mail.

•Mailing Address: 5057 Keller Springs Road, Suite 300, Addison, TX 75001.

•Fax #: 469-259-1760

•Email: hencecounseling@gmail.com

**Signature on Authorization**

a. If the client is unable to sign due to a physical or mental disability, the authorization shall be signed by the guardian or personal representative named by the court. If there is no guardian or personal representative, the person named in the medical power of attorney may sign the authorization. Please provide appropriate legal documentation.

b. Minors: If the client is under 18 years old, the authorization shall be signed by the parent or guardian. Minors (15-17) consenting to their own treatment for mental health services must authorize the disclosure of their medical information.

Emancipated minors (15-17) who are married, in the military or have sole responsibility for his/her own support shall authorize disclosure of their own medical information.

c. If the client is deceased, the authorization shall be signed by the personal representative/executor of the estate appointed by the court. Please provide appropriate legal documentation. If no such person exists, the authorization will be signed by the heirs of the deceased (surviving spouse, adult child, parent, adult grandchild, and/or adult sibling.) Heirs must provide an affidavit explaining the nature of the relation to the deceased and how this makes him/her an heir of the deceased and state that to the best of their knowledge no personal representative has been appointed to the estate of the deceased. A death certificate must also be provided.

**Processing Requests**

a. It is recommended that records be complete before release.

b. If medical information is needed for continuum of client care, it will be made available to the requesting physician according to his/her instructions.

c. Hence Counseling will process most requests within 7-10 working days.

d. Information can be mailed or picked up personally.

**Medical Records Request Fee**

The cost for medical records is $10. Checks can be made payable to: Hence Counseling and Assessment Center LLC.