

ANDREA BIEBERICH, PH.D., LP, PLLC  
 LICENSED CLINICAL PSYCHOLOGIST  
 4101 PARKSTONE HEIGHTS DRIVE, SUITE 260, AUSTIN, TX 78746  
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**CONSENT FOR THE RELEASE OF PRIVATE INFORMATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last Month Day Year

If client is a child:  
 Parent/legal guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Authorizes: Andrea Bieberich, Ph.D., LP, PLLC  
 4101 Parkstone Heights Drive, Suite 260  
 Austin, TX 78746

To release and/or obtain information to/from as specified below:

Name or Agency	( )
	Phone
Address	( )
	Fax

Information to be released: **(MUST CHECK YES OR NO IN EACH CATEGORY TO BE VALID)**

	Release	Obtain	Comment/Note
	(give information)	(get information from)	
Psychological Intake report/Records	Yes No	Yes No	
Psychological Discharge Report	Yes No	Yes No	
Psychological Testing Report	Yes No	Yes No	
Psychiatric Report/Records	Yes No	Yes No	
Health Records	Yes No	Yes No	
Academic/School Records	Yes No	Yes No	
Treatment/Progress Report	Yes No	Yes No	
Verbal Consultation	Yes No	Yes No	
Other (specify) _____	Yes No	Yes No	
Other (specify) _____	Yes No	Yes No	

This information is to be released for the purpose of:

Continuing care (such as evaluation, assessment and treatment)	Yes No
Litigation	Yes No
Other _____	Yes No

I understand that I have the option to sign or not to sign this release and may revoke this consent at any time with written notification, but that the revocation will not have any affect on information released prior to notification of cancellation.  
 I understand that this consent will automatically expire one year from the date of my signature without my expressed revocation.  
 I acknowledge that the release of information constitutes a waiver for the limited purpose designated above of any right to confidentiality that I might have under law.  
 I understand that Andrea Bieberich, Ph.D., LP, PLLC cannot prevent the re-disclosure of records released as a result of this request. Therefore, Andrea Bieberich, Ph.D., LP, PLLC is released from any and all liability resulting from re-disclosure.

Client Signature	Parent/Guardian Signature
Date	Date (If under age 18)