



**ABILENE CHRISTIAN UNIVERSITY MEDICAL & COUNSELING CARE CENTER  
AUTHORIZATION FOR THE DISCLOSURE OF RECORDS**

John H. Casada, M.D., Ph.D.  
ACU Box 28154 Abilene, Texas 79699

Kyle Sheets, M.D.

Phone: 325-674-2625

Shelby Hanigan, FNP-C  
Fax: 325-674-6998

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

Banner ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**I AUTHORIZE AND REQUEST THE ACU MACCC TO**     **PROVIDE TO**     **RECEIVE FROM**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**I understand that such disclosure will be made for the following purpose(s):**

**And the disclosure shall be limited to the following specific types of information:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Intake/Social History | <input type="checkbox"/> Psychological  | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Psychiatric           | <input type="checkbox"/> Diagnosis      | <input type="checkbox"/> Staffing Summary  |
| <input type="checkbox"/> Medical History       | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Progress Note     |
| <input type="checkbox"/> X-Ray and Labs        |   |  |

Other (Specify): \_\_\_\_\_

I understand that this consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance on it. In any event, this consent shall expire one year from the original date signed.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If I am signing as parent of a minor child, I further understand that the information released may contain references to myself and to my family.

Legal Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

*A PHOTOCOPY OR FACSIMILE TRANSMISSION IS AS VALID AS THE ORIGINAL*

*Information used/disclosed by this authorization may be disclosed by the recipient and no longer protected by federal privacy regulations if the entity receiving the information is not a healthcare provider or health plan covered by those regulations.*