



SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
Confidential Clinical Numbers: Phone 512-494-1007
 Fax 512-542-9965
 www.simsfoundation.org

CONSENT FOR RELEASE OF INFORMATION
 (Please Print)

Client Name:	
Street Address:	
City, State, Zip:	
ATTENTION CLIENT: Please provide telephone numbers that you would prefer SIMS that we should use in the event we need to contact you.	
Home Phone:	
Work Phone:	
Cell Phone:	
I, _____ (please print), authorize SIMS to give and receive information from the individual(s) and / or organizations listed below: I understand that information to be shared is limited to that which is relevant to the provision of clinical services, including billing. This release will expire upon termination of my services with SIMS or until I make a verbal or written request to revoke this authorization.	
Name (of individual, PROVIDER or organization):	
Street Address:	
City, State, Zip:	
Confidential Phone Number:	
Confidential Fax Number:	

Client Signature

Date of Signature

Signature of Witness

Date of Signature

ATTENTION PROVIDER: Each client (including individuals engaged in couples, family or group sessions) is to complete this form during their initial counseling session. Please return this form to SIMS ASAP following the client's initial counseling session.

