

**MCCA**  
**MCCRACKEN COUNSELING AND ASSOCIATES**

1329 north University d-2  
Nacogdoches, Texas 75961  
936-564-7310

**RELEASE OF MEDICAL RECORDS**

**CLIENT NAME:** \_\_\_\_\_

**I HEREBY AUTHORIZE MCCRACKEN COUNSELING AND ASSOCIATES TO RELEASE AND/OR OBTAIN MEDICAL RECORDS PERTAINING TO THE FOLLOWING:**

1. THERAPY NOTES
2. BILLING RECORDS
3. INTAKE INFORMATION
4. DIAGNOSTICS
5. MENTAL HEALTH SUMMARY/REPORT
6. MEDICAL COMMUNICATION BETWEEN AGENCIES

**PERSON, CLINIC OR ORGANIZATION**

**PHONE**

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**AUTHORIZATION IS VALID UNLESS OTHERWISE REVOKED IN WRITING. ANY RELEASE OF INFORMATION PRIOR TO DATE OF REVOCATION IS LEGAL.**

**I HEREBY RELEASE MCCA (MCCRACKEN COUNSELING AND ASSOCIATES) FROM LIABILITY IN FOLLOWING THIS AUTHORIZATION AND REQUEST.**

**CLIENT SIGNATURE ( IF UNDER 18 —GUARDIAN)**

**DATE**

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