



Kathryn Zentner, LCSW
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Authorization for Release/Exchange of Records or Information

I understand that information contained in my records and/or in my child's records is protected under federal and state regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this authorization by writing the word "Revoke," along with my signature and the date across this form at any time after signed, except to the extent that action has been taken in reliance on it. I also understand that permission to release records pertaining to more than one member of the family must come from all members of the family age 18 or over participating in the services, or information released must be restricted only to information regarding the person(s) who signs the release on behalf of him/herself or a minor child of whom they have legal rights to consent for treatment. If not previously revoked, this authorization will automatically expire one year following completion of services with this provider.

I authorize **Kathryn Zentner, LCSW**, (check all that apply)

_____ To disclose information to: _____ To obtain information from:

Name:	Phone/Email:
_____	_____
_____	_____
_____	_____

Pertaining to me: Yes: _____ No: _____ Pertaining to my child(ren): Yes: _____ No: _____

Fees

Phone calls with attorneys, other professionals, family members, and/or other parties:
Phone calls requested for the purpose of treatment planning, clinical updates/progress or consultation will be billed at a rate of \$100/hour, with a minimum fee of \$50 per phone call. _____ (initial)

Written reports:
Psychotherapy notes have extra protection under the Federal and Texas laws and are not released unless there are special circumstances that would benefit the client. Clients or a minor's parent may request written documentation in the form of a summary report. The fee for a written report is \$150, up to two-pages in length, and must be paid within seven days of the request. _____ (initial)

Emails:
Email communication is not recommended due to the security concerns with sharing information through the internet. However, clients/parents can choose to waive that concern. The fee to exchange information via email is \$100/hour. Email will not be used to provide detailed clinical information. Any need for detailed clinical information requires a written report, office appointment, or phone call, including payment as specified in these policies. _____ (initial). I would like Kathryn Zentner to provide email communication. Yes: _____ No: _____

Parent/Client Signature Parent/Client Name (print) Date

Client's Name (if minor): _____