

**OCD Clinics**  
**New Braunfels – Carrollton – The Woodlands**

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Main Office:  
262 N Union, New Braunfels, TX 78130  
Phone: 830-515-8480 Fax: 877-310-5968

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to  
release healthcare information of the patient named above to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

Yes  No I authorize the release of any records regarding drug, alcohol, or mental health treatment to  
the person(s) listed above.

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

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.