Dr. Beau A. Nelson, DBH, LCSW
Doctor of Behavioral Health
Counseling and Psychotherapy
12830 Hillcrest Road, Suite D235
Dallas, Texas 75230
972-980-9911

RELEASE OF CONFIDENTIAL INFORMATION

I, ________________________________, hereby authorize the release of confidential information between Beau A. Nelson, MA, LCSW and:

____.

This release includes the following for continuity of care:

___ Psychological Testing	___ Verbal Communication
___ Laboratory Tests	___ Prescriptions/Medications
___ History and Physical	___ Psychosocial Assessment
___ Psychotherapy Notes	___ Other: ________________________
___ Physician Notes	___ Other: ________________________

Conditions of this release are in effect until therapist is notified in writing by patient otherwise.

_________________________________ ______________________
Signature Date

_________________________________ ______________________
Witness Date