

Genesis Behavioral Health

7122 Stonewall Hill
San Antonio, Texas 78256
Office (210) 404-9696
Fax (210) 404-9466

Edmund "Ted" P. Williams, IV, M.D.
Gary Dunham, PA-C
Nicholas Gaultney, PMHNP-BC
Jennifer Harris, PA-C
Suzanne Perakathu, PMHNP-BC

RELEASE OF INFORMATION

Name of Patient (Please Print)

Date of Birth

I hereby authorize: Genesis Behavioral Health

To: Release information to: Name: _____
 Obtain information from: Address: _____

Phone: _____
Fax: _____

This request is to include information from: ____/____/____ - ____/____/____.

I understand that this authorization may include information related to Genesis Behavioral Health, Genetic Testing, Treatment and Testing for drug or alcohol abuse, Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV), and sexually transmitted diseases.

This authorization is valid unless otherwise indicated. I understand I may cancel this authorization at any time by written authorization. I hereby release Genesis Behavioral Health and its personnel from all legal responsibility that may arise from the act that I have authorized above. Genesis Behavioral Health is not responsible for completeness, legibility or omissions used by the copying of any medical records from another institution.

Signature of Patient or Patient's Representative

Date

Printed Name of Patient's Representative

Relationship to Patient