Transitional Care Management, LLP

2911 AW Grimes Blvd., #204, Pflugerville TX 78660

Release of Confidential Information

My name is DOB:

This agreement is designed to allow Transitional Care Management, LLP and its contracted providers to have unfettered communication with certain parties about me. I understand that by putting my initials across from an agency name or an individual's name I am giving Transitional Care Management, LLP and its associates the freedom to communicate with that agency or individual in any manner they choose.

Date	Initials	
_____	_____	Federal Bureau of Prisons_____
_____	_____	United States Probation_____ _____
_____	_____	Residential Re-entry Center (halfway house)_____
_____	_____	_____

I understand and agree that the above stated persons, agencies and Transitional Care Management, LLP and its associates may exchange information verbally and in writing in regards to my treatment progress, progress notes, photostatic copies, abstracts or excerpts of any records, summaries, evaluations, assessments, testing, discharge summary/recommendations, or any other pertinent information. I further understand that the exchange of such information is for the purpose of assessment, treatment, legal disposition, or administrative disposition.

By signing this form, I agree to allow Transitional Care Management, LLP and its associates to respond to subpoenas and give information in court proceedings, administrative hearings, or other inquiries made by, or to, agencies or individuals listed above, even after I have been discharged from treatment.

I understand that treatment may last an undetermined amount of time. I agree to allow this agreement to remain in effect for as long as I am in treatment and for one year after the time treatment concludes for Transitional Care Management, LLP to respond to inquiries from persons or agencies listed on this form.

This release may be rescinded at any time in writing. A written notice must be presented to Transitional Care Management, LLP, if I wish to terminate this release. I hereby hold Transitional Care Management, LLP harmless from any liability or damages that may arise pursuant to the use of this authorization.

A photocopy of this authorization will be considered as effective and valid as the original. I may also give verbal consent if meeting via telehealth. My signature and/or noted verbal consent shall indicate to all, I understand this document, and I agree to all agreements listed above.

Client gave verbal consent through telehealth

Signature Date

Lauren Herraiz

Witness Date