Sana Psychiatry, PLLC
4425 S. Mo Pac Expy Bldg. III, Ste 502
Austin, Texas 78735-6725
Phone (512) 708-9477 Fax (210) 899-1221

Release of Information

I hereby authorize: X Sana Psychiatry, PLLC
- Karissa L. Dungy, MSN, APRN, PMHNP- BC
- _____

To exchange information with: Name:
Address:

Telephone: Fax:
Email:

The information requested or authorized for release or exchange pertains to:

X Mental Health
X Education
X HIV/AIDS
X Sexually transmitted diseases
X Drug or alcohol abuse

This authorization is valid for 1 year from the date below. I may cancel this authorization by signing, dating, and writing "CANCEL" on this original form or by sending a written, signed and dated request to the doctor above indicating my desire to cancel. I understand that once my information has been released, the recipient might re-disclose it, my doctor has no control over it and privacy laws may no longer protect it. The purpose of this authorization is to improve the quality of my mental health evaluation or treatment.

_____ _____
Patient's Name Date of Birth

_____ _____
Patients Signature Date

_____ _____
Guardian's Signature (if patient is a minor) Date