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**CONSENT FOR DISCLOSURE OF INFORMATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_ **Telephone/E-mail:** \_\_\_\_\_

I, \_\_\_\_\_, authorize Dr. Dina Trevino to disclose any and all information (the "Information") concerning, directly or indirectly, the Individual(s) Subject to Disclosure identified below herein, specifically including information contained in any medical or mental health records, other documents, background checks, oral communications or reports from third parties obtained during the course of the court ordered social study in Cause number \_\_\_\_\_, filed in the \_\_\_\_\_ Judicial District Court, \_\_\_\_\_ County, Texas and styled, *In the Interest of* \_\_\_\_\_ (the "Proceeding") by including all or any portion of the Information in a report which may be filed with the papers of the Proceeding and served on the parties and their attorneys, which report may be available for public inspection or disclosed in communication with the parties, their attorneys, the Court, and may be referenced in testimony.

**Individual(s) Subject to Disclosure:**

\_\_\_\_\_  
\_\_\_\_\_

Types of information to be disclosed may include, but are not limited to, psychological/neuropsychological testing, summary of treatment/diagnosis/recommendations, medical history/examinations/lab tests/medications, discharge summary, employment and school records, all records, emails, photographs, videotapes, recordings and any information relevant to social study and parenting capacity, obtained from third parties or from either party to this Proceeding.

**I understand that I am under no ethical/moral or legal obligation to agree to the disclosure of the requested Information.** I understand that I can revoke this consent at any time by giving written notice. I acknowledge that the Information to be disclosed has been fully explained to me and this consent is given of my own free will. This consent will expire one year from the date of my signature below, unless a different time frame is written here: **Duration of the abovementioned Proceeding.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_