



# GOLDEN RULE SERVICES, INC.

3801 Liberty Drive \* Pearland, Texas 77581  
Voice 281-997-2295 \* Fax 281-997-2835

## Consent for Disclosure of Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_  
Phone: \_\_\_\_\_

### I hereby authorize:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### To Disclose / Release Information to:

Name: Golden Rule Services, Inc.

Address: 3801 Liberty Drive  
Pearland, TX 77581

Phone: 281-997-2295

Fax: 281-997-2835

### I understand such disclosure will be made for the following purpose(s):

To plan services and provide continuity of care.  
\_\_\_\_\_  
\_\_\_\_\_

### Disclosure will be limited to the following requested information:

Medical records for the past 12 months that reflect any treatments, recommendations, procedures, labs, and office visits for routine care or otherwise. Please include most recent lab results.  
\_\_\_\_\_

***THIS CONSENT WILL EXPIRE UPON DISCHARGE FROM THE PROGRAM UNLESS OTHERWISE NOTED HEREIN.***

**This information will be handled in the strictest confidence.**

\_\_\_\_\_  
Signature (Consumer) Date

\_\_\_\_\_  
Guardian (LAR) If applicable Date

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Witness Date