



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
Confidential Clinical Numbers: Phone 512-494-1007
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CONSENT FOR RELEASE OF INFORMATION
(Please Print)

Client Name:	
Street Address:	
City, State, Zip:	
ATTENTION CLIENT: Please provide the telephone numbers you prefer SIMS Staff use if we need to contact you.	
Home Phone:	
Work Phone:	
Cell Phone:	
I, _____ (please print), authorize SIMS to give and receive information from the individual(s) and / or organizations listed below: I understand that information to be shared is limited to that which is relevant to the provision of clinical services, including billing. This release will expire upon termination of my services with SIMS or until I make a verbal or written request to revoke this authorization.	
Name (of individual, PROVIDER or organization):	
Mailing address:	
Confidential Phone Number:	
_____ Initial here to consent	Health Alliance For Austin Musicians

Client Signature Date of Signature

Client Printed Name SIMS Client ID#

Signature of Witness Date of Signature