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Authorization for the Release or Exchange of Information

I _____ authorize

Jennifer Dunham, LPC, LPC-S to disclose and release the information described below.

Information to be released:

___ Number of Counseling Sessions

___ Summary of Sessions

___ Session Notes

___ Other (please specify) _____

For the period of _____ to _____.

Information to be released to:

Name: _____

Address: _____

Phone: _____ Fax: _____

I understand that this authorization shall remain in effect for _____ from the date hereof or until expressly revoked by me. I understand that I may withdraw this authorization by submitting a written, dated request to revoke the release of information. Such revocation shall not affect any action that already has been taken based on this authorization. I understand that this authorization is voluntary and I may refuse to sign this authorization.

Signature: _____ Date: _____

Print Name: _____