

Jennifer Dunham, LPC, LPC-S  
Success Strategies Unlimited  
3355 Bee Cave Road, Suite 505  
Austin, Texas 78746  
512.329.8088

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: \_\_\_\_\_