

Restoration Counseling
Alyssa Meyers, M.A., LPC #72648

250 Ed English Drive, Bldg.3, Suite B-5

(936)-203-1772

RELEASE OF INFORMATION

I, _____, authorize Restoration Counseling and Alyssa Meyers to exchange documents/information with the following designated agency, organization, or person(s):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

The release shall be limited to the following (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Academic testing results | <input type="checkbox"/> Treatment plans |
| <input type="checkbox"/> Phone consultation | <input type="checkbox"/> Summary/progress report |
| <input type="checkbox"/> Progress notes | <input type="checkbox"/> Psychological reports |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> Entire record |
| <input type="checkbox"/> Testing results (e.g., academic, intelligence, vocational, psychological) | |
| <input type="checkbox"/> Other _____ | |

I understand that I may revoke this consent at any time by providing written notice, except to the extent that action has been taken in reliance on it. This consent shall expire at the time of discharge unless revoked earlier. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature

Date

Person informing client of rights

Date