~Progressing on Purpose Counseling, PLLC~
8300 Cypress Creek Parkway Ste 472 * Houston, Texas 77070
Office: 281-671-6804 * Business Cell: 713-302-1030 * Fax: 281-671-6601

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____ , hereby authorize Progressing on Purpose Counseling to:

☐ Disclose Information to ☐ Receive Information from ☐ Exchange Information with

_____
Person's Name or Organization (Please Print) Phone

_____
Complete Address

Regarding:

_____
Client's Name (Please Print) DOB Last 4 of Social

_____
Complete Address Phone

By signing below, you understand that the information received or shared will be used to benefit you and/or your dependent in the counseling process. This consent will expire: (1) One year after the date of the signature, or (2) At receipt of your written notice to revoke release.

_____
Clients Name Signature Parent/Guardian (if applicable) Date

☐ **By checking this box, you acknowledge and accept the signature above as your own.**

Trachelle D. Thomas M.Ed., LPC
_____
Therapist Signature Date

Please retain a copy for your personal records.