

Rebekkah Alexander, M.Ed., LPC, CRT (LPC TX 14061)

Natural and Holistic Approaches to Personal Growth

P. O. Box 101503 ♦ Ft. Worth, TX. 76185

817-602-1513

info@rebekkahalexander.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize Rebekkah Alexander, M.Ed., LPC, to discuss and exchange, in verbal or written form, any relevant information to my treatment with the person, or any person(s) or staff of the institution, named below.

Name / Institution Name	Address	Phone
-------------------------	---------	-------

Name / Institution Name	Address	Phone
-------------------------	---------	-------

Name / Institution Name	Address	Phone
-------------------------	---------	-------

For the following reason(s):

___ Psychological Assessment

___ Medical Records

___ Coordination of Care

___ Other: _____

You may revoke this consent at any time. Unless otherwise revoked or renewed, this consent is in effect for one year from the date of the last session.

I hereby waive my/his/her right to the privilege of confidentiality

Client Name (Print)

Signature of Client or Responsible Party

Date: _____