

Brittany Coleman, MA, LPC
19115 FM 2252 Ste. 12
Garden Ridge, TX 78266
(210) 845-7949 (210) 545-2504 Fax

Authorization to Obtain/Release Information

Client: _____ Date of Birth: _____

I am authorizing the below listed parties to release or disclose to one another regarding my (my child's) case.

Brittany Coleman, MA, LPC
19115 FM 2252 Ste. 12
Garden Ridge, TX 78266
(210) 845-7949 (210) 545-2504-fax

AND

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____

The following items are requested: _____

This request is made voluntarily for professional psychological purposes. I can revoke this authorization by giving written notice to my health service provider. If not revoked this form will be valid for one year from the date it is signed. A photocopy of this authorization will be valid as the original.

Signature (if child, then legal guardian)

Date