

Debra R. Thompson, MA, LPCC, LPAT, ATR-BC
Holistic Counseling & Art Therapy

505-474-9358

Authorization for Release of Information

_____ I hereby authorize Debra Thompson, M.A. to release case
Initial information about my counseling or art therapy to the individuals or
agencies listed below.

_____ I hereby authorize the individuals or agencies listed below to
Initial release case information about me to Debra Thompson.

<u>Individual/Agency</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization is good for one year from the date below or until _____.
I understand that I can cancel this authorization at any time, but cancellation will
Not apply to any information that was previously released under the terms of the
Authorization.

Name as it appears on case records (please print)

Date of Birth

Authorization Signature

Date of Authorization