

Elise Thompson MS, LMFT  
1514 North Greenville Avenue  
Suite 310  
Allen, Texas 75002  
972-679-2167

## RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the Counseling and Psychological Services of Elise Thompson, Licensed Marriage and Family Therapist to release information pertaining to the evaluation and/or counseling sessions for

\_\_\_\_\_

(Name of client)

to

\_\_\_\_\_

(Name of entity to receive information)

for the purpose of

\_\_\_\_\_

\_\_\_\_\_

I understand that authorization shall remain valid from the date of my signature below and for 12 months thereafter ending on: \_\_\_\_\_

I have been informed that I may revoke this authorization by written or oral communication to Elise Thompson Licensed Marriage and Family Therapist. I certify that this form has been fully explained to me and that I understand its contents.

\_\_\_\_\_  
Signature of Client/Guardian

\_\_\_\_\_  
Date of Authorization

