Kristi Dean Frye, Ph.D., LPC
8350 Meadow Road, Suite 194
Dallas, Texas 75231

Authorization for Release of Information

I, _____, Date of Birth _____, hereby give consent to Kristi Dean Frye, Ph.D., LPC to release confidential information to:

_____

_____

The information to be released is limited to the following:

_____ Verbal Information/Consultation

_____ Written Records

_____ Therapy Notes service period from _____ to _____

_____ Client Summary of Services

_____ Report of Assessment Results

_____ Other

_____

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Therapist Signature Date