TRAVIS DALE COUNSELING

Travis Dale Counseling
2751 E. Thunderhill Place
Phoenix, AZ 85048
602-741-2821
travis@travisdalecounseling.com

Authorization for Release of Information

I do hereby authorize the exchange of my medical and treatment information between:

And

This authorization is valid for one year, and can be revoked by written notification to all parties involved.

Client/patient name: ____

Address: ____

Phone: ____

Date of Birth: ________________________ Social Security # : ___________________________

Client/patient signature: ____

Date: __________________________

Counselor signature: ____

Date: ___________________________