

# Enlightened

507 N. Sam Houston Parkway E., Houston, Texas 77060

# Psychotherapy

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**CHERYL IVORY, M.A., LPC-Supervisor**

## Release of Information/Records

I hereby authorize the individual or individuals listed below:

Name	Title	Contact
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To release information to and obtain information from **Enlightened Psychotherapy**

Office 832-329-8500

Confidential information concerning:

Name of client:

DOB:

The release shall be limited to the following (circle all that apply):

Medical

Other Counseling/Psychological

Psychiatric

Educational

Drug/Alcohol Abuse

Unrestricted

I understand that this consent is subject to revocation at any time, except to the extent that action has been taken in reliance on it. In any event, this consent shall expire one (1) year from the date signed below unless revoked earlier.

\_\_\_\_\_  
Signature of client (client representative if under 18)

\_\_\_\_\_  
Date