

ALMA THERAPY
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AUTHORIZATION FOR RELEASE OF INFORMATION
(Optional Form)

This optional form is used to authorize communication between Janette Cordero, LCSW-S and a third party provider. For example, clients who participate in couples counseling or psychiatric services and would like Janette Cordero, LCSW-S to share information with said clinician for comprehensive care.

I, _____, with my signature below, give authorization for JANETTE S. CORDERO, LCSW-S to discuss information relevant to my treatment with the below-named party:

Name: _____
Address: _____
Phone number: _____
Fax number: _____
Date of Release: _____

End Date: _____

Information discussed is to be limited to:

I have been informed of my rights to decline or revoke consent to release information and do so willingly for the purpose of coordinating care.

Signature of Client

Date

Client Printed Name

Janette S. Cordero, LCSW-S

Date