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Professional Association
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Release of and Request for Information

I authorize _____ to discuss aspects of my case with colleagues and supervisors who, in the course of my treatment, have a need to know specific information. I understand that my specific identity will not be revealed, except when it is absolutely necessary. Outside of these routine situations, I authorize a release of needed information or a request for information (*indicate which under purpose*) to or from the following:

1. Name: _____
Address: _____
Phone: _____
For the purpose of: _____

2. Name: _____
Address: _____
Phone: _____
For the purpose of : _____

3. Name: _____
Address: _____
Phone: _____
For the purpose of: _____

4. Name: _____
Address: _____
Phone: _____
For the purpose of: _____

Please list any additional specifications you wish to add for each:

Client signature: _____

Date: _____

Therapist Signature: _____

Date: _____