

Release of Information

I,	, authorize Metamorphosis of Amor to release and receive				
(client OR parent	/legal guardian name)		-		
information about			from/to the following agencies or p	the following agencies or people:	
information about	client name	DOB			
Provider / Organization Name:		Phone:	E-Mail	_	
Address:	City:	State:	Zip:		
Provider / Organization Name:		Phone:	E-Mail		
Address:	City:	State:	Zip:	—	
 Entire Record Summary report Therapy Notes Attendance Record Assessment (s) Progress reports 		□ Other (specify) _			
consent automatically expreceive the information.	bires. I have been in	nformed what inform	ding written notice, and after one year mation will be given, its purpose, and w in my name, date, and time of signatur	who will	
Client's signature:		TIME:	Date://		
Parent/guardian signature	:	TIME:	Date://		
	M 51 R	e Mail -or- Em letamorphosis of Am l9 E. Interstate 30 #4 ockwall, Texas 750 n.o.amor@outlook.co	lor 05 087		

FAX 903-218-2501