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RELEASE OF INFORMATION FORM

Date: _____

This release will expire one year from the above date.

TO:

NAME: _____
ADDRESS: _____
Phone #: _____

CLIENT INFORMATION:

NAME: _____
Date of Birth: _____
PARENT'S NAME (if client is a minor): _____
DOB: _____
ADDRESS: _____
DATE OF INTAKE: _____

SPECIFIC INFORMATION FOR RELEASE: _____

NOTE: This release is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance thereon. Revocation must be submitted in writing.

This form applies to all emancipated minors, and must be signed by that minor rather than the parent or legal guardian.

Monica M. Munoz, M.A., L.P.C. is not responsible for information passed on to parties not named in this release.

Client, parent, legal guardian

I authorize the release of information to:

Monica M Munoz, M.A., L.P.C.
210-459-1957

Client, parent, legal guardian

I authorize Monica M Munoz, M.A., LPC

to release the information to the above named individual(s)
or institution(s).