



- Licensed Marriage and Family Therapist -

Dr. Elizabeth Jenkins, LMFT
821 Grand Ave. Parkway, Suite 103, Pflugerville, TX. 78660
www.DrLizJenkins.com
512-827-1460

Consent for Release of Information

I, _____, authorize the release of information to and from:
Dr. Elizabeth Jenkins, LMFT, 821 Grand Ave. Parkway, Suite 103, Pflugerville, TX. 78660
Office: 512-827-1460 Fax: 512-233-2969

To/From:

Names: _____

Address: _____

Phone Number: _____ Fax Number: _____

Client Name: _____

Client Social Security Number: _____

Client Date of Birth: _____

The consent for disclosure of client information may be revoked by written notification, but the revocations will not affect any action that has already taken in accordance with the consent. This consent for release of information, unless revoked, will expire one year from the date of signature or upon termination of services. This information may be faxed and a copy of this consent is as valid as an original.

Signature of Client: _____ Date: _____

Signature of Parent/
Legal Guardian: _____ Relationship _____ Date: _____

Therapist's Signature: _____ Date: _____