

Jimmy G. Owen, MS, LPC
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RELEASE OF INFORMATION

I, _____ hereby give consent to Jimmy G. Owen, LPC to **release, receive and/or exchange** information concerning _____, with the individuals or agencies listed below. I have indicated what kind of information is to be shared by initialing each request below.

Jimmy G. Owen, LPC may **release, receive and/or exchange** information with the following:

1.) _____

Type of information: _____ Initial _____

2.) _____

Type of information: _____ Initial _____

3.) _____

Type of information: _____ Initial _____

It is understood that the person authorizing the release of this information has the right to inspect and receive a copy of the information to be disclosed and that this information will not be disclosed without proper authorization. This release is valid until revoked, and may be revoked at any time except to the extent action has already been taken.

Signed: _____ * Date: _____

*Faxed or copied, signed release form is valid as original copy for convenience only.