972-375-1200 ● 3636 N. MacArthur Blvd #160 Irving, Texas 75062 ● www.holmanfamilyservices.com

Holman Family Services

Release of Information

I, _____, authorize Holman Family Services to release and receive
(client OR parent/legal guardian name)

information about _____ from/to the following agencies or people:
client name DOB

_____

Provider / Organization Name: Phone: E-Mail

_____

Address: City: State: Zip:

_____

Provider / Organization Name: Phone: E-Mail

_____

Address: City: State: Zip:

Please select the type of information to provide/ receive:

☐ Entire Record
☐ Summary report
☐ Therapy Notes
☐ Attendance Record
☐ Assessment (s)
☐ Progress reports ☐ Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: _____/_____/_____

Parent/guardian signature: _____ Date: _____/_____/_____

Please Mail or Email To:

Holman Family Services
3636 N. MacArthur Blvd #160
Irving, Texas 75062
info@holmanfamilyservices.com
WE DO NOT USE FAX- EMAIL ONLY