

Kelley A. Baker, PhD, LPC, PA
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Georgetown, Texas 78628
(512) 591- 7872

Release of Confidential Information

I _____ hereby authorize **Kelley A. Baker, Ph.D. and administrative staff** to release information regarding the content of the sessions in which she has provided counseling or supervision services for the following people. I also release the person(s) listed to provide Kelley A. Baker with information they have about any person listed below.

_____ DOB _____
_____ DOB _____
_____ DOB _____
_____ DOB _____

To the following professional(s) at the corresponding address or phone number:

Name _____ Address _____

Phone (office, fax) _____

Name _____ Address _____

Phone (office, fax) _____

Name _____ Address _____

Phone (office, fax) _____

Name _____ Address _____

Phone (office, fax) _____

I understand that I can revoke this consent at any time in writing, except to the extent that action has been taken in reliance of this consent prior to my revocation. I understand that this authorization will expire two years after the date of my signature, or, if not earlier revoked, it shall terminate on:

_____ Date or Event or Condition

_____ Date _____
Signature of Client or Client's Legal Guardian