

Gate Healing, PLLC  
Jonathan F. Anderson, LPC-Supervisor  
Professional Consulting, Psychotherapy & Supervision  
(512) 771-7621  
3939 Bee Cave Rd, Ste A-203  
Austin, Texas 78746

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**Authorization to Release Confidential Information**

I, \_\_\_\_\_, hereby release Jonathan F. Anderson, MA, LPC to release confidential information.

This information will be released to:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

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Information to be disclosed (please check all that apply):

- \_\_\_\_\_ Number of counseling sessions
- \_\_\_\_\_ Alcohol/Drug usage history
- \_\_\_\_\_ Summary of sessions
- \_\_\_\_\_ Client report of progress
- \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Method of releasing information: \_\_\_\_\_ Telephone  
\_\_\_\_\_ Written/Fax

I am signing under the following conditions:

- My judgment is not impaired by emotional duress or any chemicals
- I may withdraw this authorization, in writing, at anytime.
- If not withdrawn, this authorization expires twelve (12) months from the date of signing.

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Signature

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Date