



Dr. White and
Associates, P.C.

2545 74th St., Lubbock, Texas 79423 dwatherapy.com (806) 780-0003 -Office (806) 780-0007 -Fax

RELEASE OF RECORDS AND/OR INFORMATION

Date: _____

I, _____

client name

address

city, state, zip code

hereby authorize:

Dr. White and Associates, P.C.

2545 74th St.

Lubbock, TX 79423

to release mental health records including scheduling records, financial records, diagnosis records, treatment plans, psychotherapy notes, progress notes, case notes, and case summary to:

name

address

city, state, zip code

This release expires six months after signing unless notified otherwise in writing. Other date specified: _____.

client signature

client SSN

witness

client date of birth