RONDA KIMBALL, MS, LPC ASSOCIATE, CMHIMP, CTP, CYI

Supervised by Tamara Allen Bush, LPC-S

817-771-2728 [innerlife122@gmail.com](mailto:innerlife122@gmail.com) rondakimballlpc.com

RELEASE OF **INFORMATION AUTHORIZATION**

I hereby authorize Ronda Kimball, MS, LPC Associate (name of party who holds your information)

Joyful Restoration Wellness, 2214 Emery St., Suite 510, Denton, TX 76201

Phone 817-771-2728 [innerlife122@gmail.com](mailto:innerlife122@gmail.com) to release the following specified information regarding the treatment of

Patient(s) name).

Date of Birth: Release Information to:

(name of person or agency and mailing address)

I request the following information be released:

\_\_\_ Office Notes

\_\_\_\_ Entire Record Verbal Consult

\_\_\_ Other:

I understand these records can include drug/alcohol/mental health-related information. A photocopy of this authorization should be considered as valid as the original. This consent is subject to revocation by the patient, shall expire one year from the date below.

Name Date

Name Date