Teri Groves, MSW-LCSW, ACSW, BCD
Functional Therapy Services, LLC
2240 11th Street, Building D
Mandeville, LA 70471
Phone: (985) 674-4020 Fax: (985) 626-00

Client Authorization for Release of Information

Today's Date:

Print Name:_____

Date of Birth: _____

Address:_____

_____

_____

I authorize Teri Groves, MSW-LCSW, ACSW, BCD to exchange verbal and/or written information regarding psychosocial/counseling services to:

Name:_____

Address:_____

_____

_____

For the Specific Purpose of :_____

_____

_____

_____.

This authorization shall be in effect starting the date signed and expire upon termination of counseling services or client's request to withdraw authorization.

Client Signature:_____