



Leslie Brown, LCMHC  
EMDR Certified Therapist  
EMDR Institute/HAP Approved Consultant, Facilitator, Trainer

### Release of Information

I \_\_\_\_\_, give permission for Cindy White, LCSW, to share my information with the following agencies and individuals in regard to my case:  
(Please note that your funding source has request access to billing information and progress on your case)

(Please Intial all that Apply)

- \_\_\_\_\_ Bishop \_\_\_\_\_
- \_\_\_\_\_ Previous Therapist(s) \_\_\_\_\_
- \_\_\_\_\_ Medical Doctor(s) \_\_\_\_\_
- \_\_\_\_\_ Insurance \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

Additionally, I authorize the release of my records to Cindy R White Counseling, PLLC, FROM the following agencies or persons:

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Client Signature		Printed Signature	
Date		Date	