

# THUNDERSTORM THERAPY

Joseph Middleton, LPC-Associate | 628 South Presa Street, San Antonio, TX 78210

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## RELEASE OF INFORMATION

I authorize Thunderstorm Therapy / Joseph Middleton, LPC-Associate, to release or receive the information described below.

## CLIENT INFORMATION

Client Name (First,  
Last)

Date of Birth

Phone Number

## DISCLOSE TO / RECEIVE FROM

Name of Person /  
Organization

Address

Phone

Fax

Relationship to  
Client

## PURPOSE OF DISCLOSURE

Coordinated care

Legal proceedings

Insurance/billing

Personal request

Other purpose  
(describe)

## INFORMATION TO BE RELEASED

Progress notes

Treatment summary

Diagnosis

Medication records

Intake/assessment

Psychological testing

Other (specify below)

Specify other  
information

## EXPIRATION

This authorization expires on:

■ One year from signing

■ Specific date (below)

■ Upon completion of purpose

Specific expiration  
date (if applicable)

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You may revoke this authorization at any time by submitting a written request to Thunderstorm Therapy. Revocation does not apply to information already released in reliance on this authorization.

Printed Name

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Client/Guardian  
Signature

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Date

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