



Dr. White and  
Associates, P.C.

2545 74<sup>TH</sup> St., Lubbock, Texas 79423 (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  
2545 74<sup>th</sup> St.  
Lubbock, TX 79423

to release mental health records including scheduling, financial records,  
diagnosis, treatment plan, psychotherapy notes, and/or case summary to:

\_\_\_\_\_  
name

\_\_\_\_\_  
address

\_\_\_\_\_  
city, state, zip code

This release expires six months after signing unless notified otherwise in  
writing.

\_\_\_\_\_  
client signature

\_\_\_\_\_  
witness

\_\_\_\_\_  
client SSN

\_\_\_\_\_  
client date of birth