



911 E. Hwy 377 Ste. 102  
Granbury, TX 76048

Phone/Fax: 855- 579-LEAF (5323)

[www.newleafservicesllc.com](http://www.newleafservicesllc.com)

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, give full authorization to New Leaf Services, LCC to furnish information regarding my mental health information to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

for the purpose of \_\_\_\_\_. This consent is subject to revocation by the undersigned, and remains in force for 365 days from the date of signature. By signing and dating this release of information, I allow the person listed below to share specific record information.

Name Bryan C. Duncan, MS, LPC-S, NCC

Address 911 E. Hwy 377 Ste. 102

City, State, Zip Granbury, TX 76048

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Mental Health Representative

\_\_\_\_\_  
Date