**ALAMO COUNSELING, LLC**

**Melissa Friesenhahn MA, LPC**

**Licensed Professional Counselor**

**1015 Central Parkway North, Suite 145**

**San Antonio, TX 78232**

**(210) 307-8770 Office**

**(210) 404-9750 Fax**

**RELEASE OF INFORMATION**

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GIVE MY CONSENT**

**FOR Melissa Friesenhahn MA, LPC TO CONFER (IN WRITING OR VERBALLY)**

**WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONCERNING**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**----------------------------------------------------------**

**Signature**

**----------------------------------------------------------**

**Date**

**----------------------------------------------------------**

**Witness**

**This release will be in effect for one year from date signed.**