



Kaci Allen, LPC-MHSP
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Client Name: _____ Phone: _____

Social Security: _____ DOB: _____

I, _____ hereby authorize Kaci Allen and the staff of Catch23 Performance to release information contained in my client records to the following individual(s) and/or organization(s).

1. Name of person(s), organization(s), address to whom disclosures are to be made:

Name/Organization: _____

Address: _____

City: _____ ST: _____ Zip: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____