



# Sexual Life Improvement

*From the desk of Shelley L. Imholte, Ph.D., LCSW, M.Ed.*

*State of Texas Social Work Board-approved Supervisor & Continuing Education provider*

## **AUTHORIZATION for RELEASE of INFORMATION**

I, \_\_\_\_\_ (*Print Name*), here by authorize  
**Shelley L. Imholte, Ph.D., LCSW** to release information as specified below:

**TO:** \_\_\_\_\_

*Name*

*Title*

*Contact Information*

### **REGARDING INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

### **PURPOSE:**

\_\_\_\_\_  
\_\_\_\_\_

### ***Informed Consent for Release of Confidential Information:***

I understand:

- I may revoke this consent in writing at anytime.
- This consent will expire 180 days after the date of my signature unless otherwise specified.
- That the information released is for the specific purpose stated above.
- That a charge for administrative duties will be charged (\$30/30 minutes) for consult services that exceed the first 3 hours of consult time.
- Shelley L. Imholte, PhD, LCSW is required to comply with Federal HIPPA regulations concerning privacy, and that I may view the privacy policy at any time.

Client Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Provider: Shelley L. Imholte, PhD, LCSW/Texas Social Work License Number 51195