

**Sherry J. Duson, M.A. LPC  
1820 E. River Road Suite 104  
Tucson, Arizona 85718  
713.506.2522  
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**AUTHORIZATION TO RELEASE PROFESSIONAL INFORMATION**

I hereby authorize Sherry J. Duson, MA, LPC, to release confidential information regarding my psychotherapy treatment. With my signature I verify that she has my permission to release details of dates of service and nature of services rendered, as well as opinion regarding the nature of my condition and progress made.

(Name)

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(Address)

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(Signature)

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(Telephone)

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(FAX)

Released to the following:

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**Please sign and return to:  
Sherry J. Duson, M.A. LPC  
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Tucson, Arizona 85718  
713.506.2522  
Email: sherry@sherryduson.com**