

**FOOTPRINTS COUNSELING LLC**

**DEBRA M. KRAUS, M.A., RMHCI – IMH 10306**

**HOLY FAMILY CATHOLIC CHURCH  
200 78<sup>TH</sup> AVENUE NORTHEAST  
ST. PETERSBURG, FLORIDA 33702**

**FIRST UNITED METHODIST CHURCH  
275 4<sup>TH</sup> STREET NORTH  
ST. PETERSBURG, FLORIDA 33701**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**I/WE HEREBY GIVE MY/OUR PERMISSION TO: Debra M. Kraus, M.A.,  
Registered Mental Health Counselor Intern to exchange information about my counseling  
work with**

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**I understand that under state and federal confidentiality provisions that I may revoke this  
release providing I notify in writing to this effect, but that revocation has no effect on action  
already taken.**

**I hereby release Debra M. Kraus, Holy Family Catholic Church and First United Methodist  
Church from any liability which may arise as a result of the use of this information.**

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**SIGNATURE**

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**DATE**

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**SIGNATURE**

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**DATE**

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**ADDRESS**

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**PHONE NUMBER**

**TO RECEIVING AGENCY:**

**PROHIBITION ON REDISCLOSURE:** This information has been disclosed to you from records whose confidentiality is protected by law. Federal Regulations prohibit you from making further disclosure except with the written consent of the person to whom it pertains.

**Section 33 of Public Law 91-616 as amended by Public Law 93-282.**