

Center for Child & Family Counseling, PLLC

CONTACT WITH OTHERS ABOUT YOUR COUNSELING

Client/Parent agrees to allow your Counselor _____ to have contact with

_____.

This is a release of information by the Client/Parent of:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Information released/received are for the sole benefit for the client's continuity of mental health treatment (Legal, education, referral to/from another medical professional). Information released/received---- to/from may include (Circle Information):

Educational/Psychological/Social Evaluations or Assessments Behavioral Reports in School/Daycare

Medical Notes/Progress Notes/Psychotherapy or Counseling Notes Billing Information Attendance

I give consent to Center for Child & Family Counseling, PLLC and/or Janet Vessels, MS LPCC RPT-S, to provide to and/or receive information from person listed above. This release of information is active for one year unless date entered (insert date) _____.

Redisclosure Notice: I understand that if a recipient of the health information is not governed by federal and state confidentiality laws, the health information disclosed as a result of this authorization may be redisclosed by the recipient and no longer be protected by such laws.

I have the right to inspect or copy the health information to be used or disclosed for this release. I have the right to receive a copy of this release. I understand that this release is voluntary and that I may refuse to sign this release. Unless allowed by law, my refusal to sign this release will not affect my/client's ability to obtain treatment, receive payment or eligibility for benefits. I have the right to revoke release with written notification to Janet Vessels, M.S. LPCC to cancel this release.

I have had an opportunity to review and understand the consent for release of information. By signing this release, I am confirming that it accurately reflects my wishes.

Client Signature _____ Date _____

Parent Signature _____ Date _____

Center for Child & Family Counseling, PLLC

Parent Signature _____ Date _____
