

NORTH TEXAS COUNSELORS

305 E. McDermott Dr., Suite A
Allen, Tx 75002
Ph: 972-984-2071
Fax: 972-236-0044
info@ntxcounselors.com

CONSENT TO RELEASE INFORMATION

In some instances, sharing information is necessary in order to provide the best possible treatment and care. Examples of those who could benefit from sharing information include school counselors, teachers who are involved with your care, present or past therapists, physicians or psychiatrists that may have treated you in the past, or parents. Information will be shared only if express permission is given in writing.

By signing below, consent will be given to release otherwise confidential information, and said information will be shared from _____, Counselor at North Texas Counselors. Information may be shared for the purpose of treatment planning, assessment information, discharge planning, or another form of clinical service.

Information will be shared between

Therapist: _____
305 E. McDermott, Suite A
Allen, Tx 75002

AND

Name _____
Address _____
City/Zip _____
Phone _____
Fax _____

Phone (972) 984-2071

I understand that this consent to release information will only be released to the following person(s) and will expire exactly one year from the date of signing or through written request by myself only.

Client's Name: _____

X _____

Signature

X _____

Date