

# NORTH TEXAS COUNSELORS

800 N. Watters Road Suite 110

Allen, Tx 75013

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: \_\_\_\_\_  
800 N. Watters Road , Suite 110  
Allen, Tx 75013  
(972) 984-2071

AND

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

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