

## Family Restoration Counseling Services

8340 Meadow Rd. Suite 134, Dallas TX 75231

214-265-1777

www.familyrestorationcounseling.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 present or past therapists, physicians or psychiatrists that may have treated you in the past, school counselors, teachers who are involved in your care, 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 counselors from Family Restoration Counseling services will receive or give info to the entity named below.** Information may be shared for the purpose of treatment planning, assessment information, coordinate of services, psychosocial information, discharge planning, or another form of clinical service.

#### Information will be shared between

Family Restoration Counseling Services, Primary Office 8340 Meadow Rd. Dallas, TX 75231

Telephone 214-270-1777, and

Name of Person or Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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 Printed Name

Client Signature

Date

\_\_\_\_\_

Guardian Printed Name

Guardian Signature (if client under 17) Date