

Consent For Release of Confidential Information

I, _____ hereby authorize and request that
(Client's Name)

_____ release all confidential professional
(Clinician's Name)

information pertaining to me (or my minor children) to the following person(s):

I understand that I may revoke this consent at any time by informing the above parties in writing. In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Signature _____ Date _____
(Client)

Signature _____ Date _____
(Parent/Guardian)

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 207 Canyon Court
 Willow Park, TX 76087
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