

Step by Step Counseling, LLC

Written Consent for Release of Information

Client's Name: _____

Client's DOB: ___ / ___ / ___ Date: ___ / ___ / ___

I understand that my records are protected by the law governing confidentiality of client/therapist -- relationship and cannot be disclosed without my written consent. I give permission for the

___ Mutual Exchange ___ One-way Exchange

of information between Step By Step Counseling, LLC and the assigned below:

Relationship to Client: _____

Agency / Business / School: _____

Name: _____

Address: _____

Phone (_____) _____ Fax (_____) _____

I authorize that the following information be shared:

___ Initial Assessment ___ Brief Progress Reports ___ Emergency Related Information

___ Treatment Plans ___ Non-Compliant Behavior ___ Dates Attended Sessions/Billing Info

___ IEP ___ Reports (Be Specific) _____

___ Other : _____ ___ All Information

I understand, that by signing this, the above mentioned will have access to what I have authorized them to have, and I understand that I may revoke the consent in the future.

Client Signature / Date

Parent / Legal Guardian Signature / Date