

Revised 3/27/16

TRAHAN COUNSELING

631 Mill Street, Suite 101, San Marcos, TX 78666. 717-471-4493.

Consent for Release of Information

Client Name: _____

The purpose of this agreement is to release Trahan Counseling from all liability with regard to information exchanged for the treatment of _____.

I, _____, for the purpose of treatment, agree that Trahan Counseling may exchange information with _____

regarding:

- 1. Records regarding previous treatment or counseling
- 2. Medical information that will be helpful in my treatment
- 3. Outpatient or inpatient psychiatric treatment records and information
- 4. Personal information related to family members or friends that provide collateral information regarding treatment
- 5. Information pertaining to legal records that pertain to my treatment.

Information that I do not wish to allow Trahan Counseling to obtain includes:

I, _____, have read and agree to the conditions of this contract.

Signature (If client is a minor, signature of parent/guardian) Date

Representative of Trahan Counseling Date