Rio Grande Counseling Center

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CONSENT FOR RELEASE OF INFORMATION

Name: ___________________________________ **Date: _______________**

I, ________________________________ authorize Rio Grande Counseling Center, it's agent or representatives, to release information to, or acquire information from:

☐ **Employer:** ______________________________________

Supervisor____

Phone #____

Email ____

☐ **School:** ____

Teacher/Counselor_____________________________________

Phone #____

Email ____

☐ **Previous Therapist**__________________________________

Phone #____

Email ____

☐ **Physician**____

Phone #____

Email ____

☐ **Psychiatrist:** ______________________________________

Phone #____

Email ____

☐ **Hospital**____

Phone #____

Email ____

☐ **Child Protective Services**___________________________

Caseworker____

Phone #____

Email ____

☐ **Court/County District**______________________________

Phone #____

Email ____

☐ **Attorney** ____

Phone #____

Email ____

☐ **Other** ____

Phone #____

Email ____

Client Name ____

The purpose of this release to coordinate information and/ or obtain necessary documents. I understand this information will be used in a confidential manner. I also understand that my therapist will abide by all the laws of the State of Texas regarding child abuse and neglect and will report any incidents of child abuse I may disclose. I also understand that any threats of suicide or violence may be reported to appropriate authorities if my therapist deems necessary.

This consent is valid for one year after termination of services unless otherwise revoked.

Comments: ____

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____ __________________________

Client Signature/Parent or Guardian Date

____

Printed Client Name

____

Therapist

2023