

Consent for Release of Information

Client Name: _____

The purpose of this agreement is to release Trahan Counseling from all liability in regard of 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 may pertain to my treatment.

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

I, _____ (full name), 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