Authorization/Consent
For Release of Confidential Information

I, ___________________________, born ____________________________, authorize Daehnert Counseling LLP (2730 Country Club Rd, Suite E4, Allen, TX 75002) to disclose my/my child's records to the individual or group specified below:

❑ Hospital ❑ Psychiatrist (M.D.) ❑ Psychologist ❑ LPC, LPC Intern

❑ Insurance Company ❑ Other: _________________.

Contact Name: ____________________________ Organization: ____________________________

Address: ____________________________ City, State, Zip: ____________________________

The disclosure of records authorized herein is required for the following purpose:

- ❑ Court Subpoena
- ❑ Personal Review
- ❑ Therapist Consultation
- ❑ Insurance Reimbursement
- ❑ Other Care: _______________________

The following specific types of information are requested:

- ❑ All Records
- ❑ Records from _________________ to _______________

This authorization shall remain in effect from ________________ (mm/dd/yy) to _________________ (mm/dd/yy) *or* **check here** _____ for indefinitely.

I understand that I am giving consent for the release of my records from Daehnert Counseling LLP only to/from the above named organization/person for the time shown above. I understand that, with a few limited exceptions, Daehnert Counseling LLP may not release records and/or information about myself/my child unless I agree to the request. I understand that I cannot withdraw consent for actions that have already taken place before I withdrew my consent. The information, which is being disclosed, is from records whose confidentiality is protected by Federal Law. *This consent is subject to revocation, in writing, at any time but such revocations have no effect of disclosures previously made*. *I further release Daehnert Counseling LLP of any liability related to the confidentiality of and release of the information identified in this release.*

Client Signature: ____________________________ Date: ____________________________

Parent/Guardian Signature: ____________________________ Printed Name: ____________________________ Date: __________

Staff **Signature:** ____________________________ **Date:** ____________________________

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