

LifeWay Counseling Center

519 S. Carroll Blvd., Ste. 100
940.382.0109 – office

Denton, TX 76201
940.382.0482 – fax

Consent for Release of Information

I _____, hereby authorize and give permission for LIFEWAY COUNSELING CENTER to seek / release confidential information from / to

for the following purpose(s):

I understand that the exchange of this information is necessary for the treatment I am / my child is receiving. I further understand that all information I authorize to be released will be held strictly confidential within the limits of the law and cannot be released further without my permission.

I may at anytime in writing, request that this release of information be terminated. Unless otherwise specified, this release of information will be in effect until (**choose one option below**):

_____ 90 days after last appointment

_____ 90 days from today

_____ Other time limit (specify below):

Printed Name of Client or Parent / Guardian

Witness

Signature

Signature

Date