

Confidence Recovery

Shannon Herman Consulting, LLC
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Consent to Release Information

In some instances, consent to release information is necessary in order to provide the best possible care. Examples include present or past therapists, physicians or psychiatrists that may have treated you in the past, school counselors, teachers who are involved in your care, or parents. Information will be shared only if express permission is given in writing. Only information critical to the client's care and current goals will be shared.

Client Name: _____

Date of Birth: _____

By signing below, I hereby consent to the release of information to be shared between Shannon Herman Consulting, LLC and the below entity:

Information may be shared for the purpose of (please check):

___ Coordination of Treatment Team

___ Planning

___ Coordination of Goals

___ Coordination of services

Other: _____

Name of Organization/Person: _____

Relationship to Client: _____

Address: _____

Phone Number: _____

Client / Guardian Signature: _____

Date: _____

Shannon Herman, MA, CPC: _____

Date: _____

_____ I will communicate with Shannon Herman Consulting, LLC in writing if I wish to revoke this form of communication.