

Authorization to Disclose Confidential Information Release

A Child At Heart Therapy LLC
Jessi Wheatley
achildathearttherapy@gmail.com
720-236-2070

I, _____, DOB _____ on behalf of my
child _____, DOB _____ hereby
authorize Jessi Wheatley EdS, LPCC at A Child At Heart Therapy LLC to communicate with
_____ via phone, mail, email, face-to-face for the
purpose of case management and continuation of care until _____ or
one year from this date.

I understand I can revoke this release at any time in writing.

I Authorize Jessi Wheatley EdS LPCC at A Child At Heart Therapy to give and receive
information to and from:

Phone Number: _____

Email: _____

Purpose of Request: _____

Specific Information to be Shared: _____ Observations _____ Treatment Notes

_____ Assessments _____ Diagnosis Information _____ Other: _____

I agree to grant authorization

Signature Printed Name Date

Signature of Therapist Printed Name Date