

ROI / Consent to Contact

Jana Briggs Counseling, LLC & Associates

The purpose of this form is to give _____ permission to contact / or be contacted by a health and/or legal professional on the client's behalf. This may or may not include conversations related to client's confidential information.

Client's name: _____ **DOB:** _____

Your relationship to client: __ Self __ Parent/legal guardian __ Legal representative __ Other(describe) _____

Check those that apply:

_____ I give _____ consent to contact/or be contacted by the following people:

Name & Title _____ Contact # _____

Name & Title _____ Contact # _____

Name & Title _____ Contact # _____

_____ I have read and signed a professional disclosure and privacy form provided by _____.

I realize that although every precaution will be taken, the above means of communication may not be completely confidential, and I authorize the above request(s).

Client's Signature: _____ Date: ___/___/___

Parent/guardian/legal representative (if applicable) Signature: _____ Date: ___/___/___

Therapist's Signature: _____ Date: ___/___/___

NOTES:

Therapist Name & Contact Information:

8 W. Dry Creek Circle, Suite #207 - Littleton, Colorado - 80120