

Twilla Woolsey
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Amarillo, Texas 79109
(806) 570-2758

Consent for Release of/or Request for Confidential Client Information

Date: _____

Client Name: _____ Date of Birth: _____

I hereby authorize: Twilla Woolsey of the Helping Heart:

_____ To RELEASE information to:

_____ And/or OBTAIN information from:

Name: _____ Agency: _____

Street: _____ City: _____ State: Texas Zip: _____

Phone Number: _____

Information Requested/Released: _____

Purpose of Request/Release: _____

This release is granted for remainder of treatment from the date this release is signed.

I authorize the release of medical and/or therapeutic information from the above designated individual or agency. I understand that this information will be kept confidential by the receiving agency and is being exchanged to better insure effective programming and treatment for me. I understand that with written or oral request that I may revoke this release at any time with the exception of any information that has already been released at the time of revocation. I release Twilla Woolsey, LFMFT and The Helping Heart from any liability resulting from the appropriate release/exchange of this information.

Client Signature

Date

Witness

Date

Signature of Parent/Guardian if Client is a minor

Date