

Consent to Contact

Jana Briggs Counseling LLC - Sharon DeGuevara Counseling LLC - Ashley Williamson Counseling LLC - Hannah Kautz Counseling, LLC

The purpose of this form is to give (*Counselor's name*) _____ 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 (*Counselor's name*) _____ 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 (*Counselor's name*) _____.

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: