Therapeutic Connections Counseling Services
Erika Meek, M.Ed., LPC
3550 Parkwood Blvd. Suite A-201, Frisco, Texas 75034
Phone: (214)797-7961 Fax: (469)287-4107

CONSENT TO RELEASE INFORMATION

I, _____, hereby give my informed consent and authorize

Erika Meek, M.Ed., LPC to talk with and/ or release written documentation regarding my treatment to

the following individual(s):

_____
(Name)

_____
(Organization Name if Different)

_____
(Address)

_____
(Phone)

I understand that my records are protected under Federal Regulation (CFR), and under the general laws of my state and cannot be disclosed without written consent, except as specifically stated by law.

This authorization expires one year from the date I sign this form. I understand that I may revoke my authorization to release information at any time in writing and such revocation will be effective on the date of receipt of my revocation.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

_____ _____
Signature of Patient or Guardian Date

_____ _____
Signature of Witness Date