

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize Mental Health Matters, LLC, including Greg R. Ieraci, LPC, to release information about me/my child to _____ . I further authorize _____ to release information about me to Mental Health Matters, LLC including Greg R. Ieraci, LPC.

I understand that communication between counseling clients and their assigned counselor is confidential and, in most instances, may only be released with my written consent, which is hereby provided.

- I also understand that I may revoke this consent at any time by written notification to Therapeutic Counseling Services, LLC to the extent that action has been taken in reliance therein. In any case, this consent will expire one year from the date of signature.
- I wish to specify that the information which I am authorizing Therapeutic Counseling Services, LLC to release is for the following purpose:

By authorizing the specific release of information set forth above, I do not intend a general waiver of the counselor-client privilege or any other release of confidential information.

(Print Client Name)

(Client Signature)

(Guardian Signature- If Client is Under 18)

(Counselor Signature)

(Date)

(Date)

(Date)