

Client Release Information Agreement

**Janet Adams MS, LPC, LMFT
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Cypress, Texas 77429
281-772-4562**

I understand that Janet Adams MS, LMFT, LPC has an obligation to keep you personal information, identifying information, and my records confidential. I also understand that I can choose to allow Janet Adams MS, LMFT, LPC, to release some of my personal information to certain individuals or agencies.

I, _____, authorize Janet Adams MS, LMFT, LPC, to share the following specific information with:

Who I want to have my information:

Name: _____

Specific Office at Agency: _____

Phone/FAX Number: _____

Email: _____

The information may be share in person, by FAX, by mail, by E-Mail
(Please check all that apply)

What info about me will be shared: (List as specifically as possible, for example: name, dates of service, any documents):

Why I want my info shared: (Purpose; List as specifically as possible, for example: to receive benefits):

Please Note: there is a risk that a limited release of information can potentially open up access by other to all of your confidential information held by Janet Adams MS, LMFT, LPC.

I understand:

_____ that I do not have to sign a release form. I do not have to allow Janet Adams MS, LMFT, LPC, to release information about me in the future. I will need to sign another written time-limited release.

_____ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Janet Adams MS, LMFT, LPC

_____ That Janet Adams MS, LMFT, LPC, and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person receiving my information may be required by law or practice to share it.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in written form.

Signed: _____ **Date:** ____/____/____