



Client Release Information Agreement

Janet Adams MS, LPC, LMFT, LLC

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

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

Who I want to have my information:	Name: Specific Office at Agency: Phone/FAX Number: Email:
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The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
Why I want my info shared: (purpose)	<i>(List as specifically as possible, for example: to receive benefits).</i>

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

I understand:

- That I do not have to sign a release form. I do not have to allow Janet Adams MS LMFT-A to share my information. Signing a release form is completely voluntary and that this release is limited to what I write above. If I would like Janet Adams MS LMFT-A 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 LPC< LMFT, LLC.
- That Janet Adams MS LPC, LMFT, LLC 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:** _____

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