Corey D. Allan, Ph.D.
Licensed Marriage and Family Therapist
Licensed Professional Counselor
1506 N. Greenville Ave., Suite 250
Allen, Texas 75002
ph: 214-629-6133
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CONSENT TO RELEASE INFORMATION

In some instances, sharing information is necessary in order to provide the best possible treatment and care. Examples of those who could benefit from sharing information include present or past therapists, physicians or psychiatrists that may have treated you in the past, school counselors, teachers who are involved in your care, or parents. Information will be shared only if express permission is given in writing.

By signing below, consent will be given to release otherwise confidential information, and said information will be shared from Dr. Corey D. Allan, Licensed Professional Counselor to the below entity. Information may be shared for the purpose of treatment planning, assessment information, coordinate of services, psychosocial information, discharge planning, or another form of clinical service.

Information will be shared between

Corey D. Allan, Ph.D., LPC, LMFT
1506 N. Greenville Ave., Suite 250
Allen, Texas 75002

Phone: (214) 629-6133

And

_____
Name of Organization / Person

_____
Address

_____
City Zip

_____
Phone

_____
Fax

I understand that this consent to release information will only be released to the following person(s) and will expire exactly one year from the date of signing or through written request by myself only.

_____

Client Printed Name | Client Signed Name | Date

_____

Guardian Printed Name (If under age 17) | Guardian Signed Name | Date