Corey D. Allan, Ph.D.
Licensed Marriage and Family Therapist
Licensed Professional Counselor

6951 Virginia Pkwy., Suite 320
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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
6951 Virginia Pkwy., Suite 320
McKinney, TX 75070

Phone: (214) 629-6133

_____ 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 Guardian Signed Name (If under age 17) Date