

ALLEN COUNSELING ASSOCIATES
Licensed Professional Counselors, Interns, and Students
1506 N. Greenville Ave., Suite 220, Allen, Texas 75002
972-979-9720

Exchange of Confidential Information

I, _____ give my permission for
Client/Parent/Guardian Name

Michelle Nietert, M.A., LPC Supervisor, and/or her associate, _____

to exchange confidential information with:

1. **Name of therapist/institution:** _____

Phone: _____

Fax: _____

2. **Name of therapist/institution:** _____

Phone: _____

Fax: _____

3. **Name of therapist/institution:** _____

Phone: _____

Fax: _____

Please check one:

_____ all records

_____ all records except those pertaining to _____

Please check one:

_____ for one year

_____ indefinitely

Client's signature: _____ Date: _____

Client's SS#: _____ Birthdate: _____

Parent/Guardian will sign for client if under eighteen years of age.