



# Sacred Journey Counseling

5400 W. Plano Parkway, Suite 210, Plano, TX 75093 • www.SacredJourneyCounseling.com

## **Consent for the Release of Information**

I hereby authorize Sacred Journey Counseling Staff to furnish \_\_\_\_\_

information pertaining and relevant to the psychotherapy sessions of \_\_\_\_\_

\_\_\_\_\_. This consent form is reciprocal and will end 60 days after terminating therapy.

Telephone Number: \_\_\_\_\_

Type of Relationship: \_\_\_\_\_

Relationship Began: \_\_\_\_\_

Relationship Ended: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician

\_\_\_\_\_  
Date