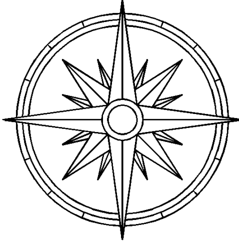

Tom Bolls, MA, LPC
8500 North Mo-Pac #820
Austin, Texas 78759
(512) 468-7832

RELEASE OF INFORMATION

I hereby authorize Tom Bolls to release confidential information from my counseling records (or my child's counseling records.) I consent to the ongoing release of confidential information concerning my treatment with Tom Bolls, and I realize that my signature below releases him from any legal responsibility and / or possible liability.

Name of Client ________________________________ Birth Date ______________________

Phone Number: _________________________ Social Security Number ____ -____ - _______

Who should I contact to coordinate treatment?

Name: ____

Address: ____

City / State / Zip Code: ____

Phone: ____

Relationship: ____

I understand that only such confidential information concerning the above person will be released as is considered essential to the purpose stated above. All information released by the sending organization or person shall be held as confidential by the receiving organization or person.

Information to be released:

- Treatment plan and diagnosis
- Functional status of the client (assessment)
- Symptoms, prognosis, and progress to date
- Frequency and duration of counseling sessions
- Suicidal or homicidal ideation
- Modalities and interventions used during treatment
- Salient aspects of treatment including client's personal history

Client's Signature: ____

Parent or Legal Guardian: ________________________________

Witness: ____

Date: ____