



Erickson Counseling & Mediation PLLC

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ericksoncounseling.com

832-455-5729

Consent for Release of Confidential Information

This consent authorizes Erickson Counseling & Mediation / Michael D. Erickson LPC
Facility/Organization/Individual Releasing Information

To exchange the following information on _____
Client & Date of Birth

From/To _____
Facility/Organization/Individual Releasing Information

Mailing Address

Phone Number

For the purpose of:

- Continuity of care
- CPS Consultation
- Psychiatric Consultation
- Other: _____
- Legal proceedings
- Residential Placement
- Psychological Testing
- Treatment Planning
- Continuation of Assessment
- Coordination of treatment

Information to be disclosed:

- Diagnostic Impressions
- Mental Status Exam
- Treatment Plan
- Other: _____
- Clinical Impressions
- Psychiatric History
- Consultations
- Progress Notes
- Psychosocial Assessment
- Discharge Summary

Information to be released:

- Verbally
- Written
- Verbally and/or Written

I understand that I may revoke this consent at any time except to the extent that action has already been taken, in reliance hereon, if not revoked sooner in writing. This consent will expire one year from the date signed.

To the receiving party of this information: This information has been disclosed to you for the sole purpose stated in this consent. Any other use of this information without the expressed written consent of the patient or guardian is prohibited. These records are protected by Federal Regulation (42 CFR Part 2).

Client or Guardian Signature

Date

Therapist or Witness Signature

Date

Provider credentials can be verified through the Texas State Board of Examiners of Professional Counselors.
Complaints can be made by calling 1-800-942-5540 or contacting: Investigations, P.O. Box 141369, Austin, Texas 78714

(Revised 4/16/21)