There's Hope! Counseling Services
Kim Thomas Haar, LPC-S, LMFT-S
6931 S. 66th E Ave. Suite #220 / Tulsa, OK 74133
(918) 277-0777

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____
(Name of patient) (date of birth) (social security number)

Hereby authorize There's Hope! Counseling Services _____ to disclose to _____ to obtain from:

_____
Person(s) Organization

_____
Address City State Zip Phone

Information pertaining to my care and treatment including psychiatric, drug abuse and /or alcoholism records. Information required:

____ Termination/Discharge Summary
____ Psychiatric/Psychological Evaluation
____ Medical History
____ Other (Specify) _____
____ Therapist Evaluations
____ Treatment Plan / Progress Notes
____ Psychological Assessment / Testing

This consent is for the period:

___ A. Beginning _____ and ending _____

___ B. Duration of Treatment.

___ C. _____ months after patient signature.

I understand that my right to confidentiality under Federal law and regulations does not protect any information about suspected child abuse or neglect. In addition, if there is reason to suspect that I am in danger of physical or bodily harm, or that anyone else is in danger of physical or bodily harm that this information is not protected under Federal Regulation. I understand this authorization is subject to revocation by me at any time except to the extent that action has already been taken in reliance on it. With this knowledge, I give consent to the release of information in my medical records including any information concerning my identity and release There's Hope! Counseling Services, its agents and employees from any liability in connection with the release of the information contained therein.

_____ _____
Signature of Client Date

_____ _____
Signature of Client Date

_____ _____
Witness Date