

Life Solutions Family Counseling and Coaching Center
3550 Parkwood Blvd Suite A 201
Frisco, Texas 75034
Ph: (214) 618-6888, Fax:(972) 625-9911

REQUEST FOR RELEASE AND EXCHANGE OF INFORMATION WITH
LIFE SOLUTIONS FAMILY COUNSELING AND COACHING CENTER

I, _____ hereby authorize the release and exchange of information from:

Name: _____
Agency: _____
Address: _____
Phone: _____ Fax: _____

with the following staff member(s) at Life Solutions:

Mahnaz Sadre

This release of information is required for the following purpose(s) coordination of care and shall be limited to the following specific types of information: consultation. Please indicate otherwise: _____

This authorization for release of information is made with informed consent and this consent is subject to revocation by written instructions of the undersigned at any time.

Further, I understand that this consent shall expire and must, if needed, be re-obtained twelve (12) months from the date below.

Client Name (print)

Client Signature

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Social Security Number

Date