

Clearhope Counseling & Wellness Center, PC

6021 Fairmont Pkwy Suite 200
Pasadena, TX 77505
281-769-2238



Release of Information

I, _____, authorize the mutual exchange of information between
(Client name)

my therapist at Clearhope Counseling & Wellness Center, PC, and

_____.

(Name of Person / Organization)

This release regarding _____ covers the following
documents or information: (Client name)

I understand that my records are protected under Federal and State Confidentiality laws and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time by submitting a written request to Clearhope Counseling & Wellness Center, PC. Unless otherwise requested, my consent will expire automatically 30 days after termination of services or one year from the date of signing, whichever comes first.

The date, event, or condition upon which this consent expires is:

Client Signature _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____