

Solutions of Heart & Mind, PLLC
Kendra Lee- Martin, MA, LPC-S, NCC

Authorization to Release Confidential Information

I, _____, hereby authorize Kendra Lee- Martin, LPC-S to release clinical information to:

Doctor/ Nurse Practitioner/ Therapist: _____

CPS/ DPFS: _____

Other: _____

For the purpose of: _____

Information to be disclosed (please check all that apply):

_____ Number of counseling sessions _____ Any and all information requested by

_____ Summary of sessions CPS/DFPS

_____ Report of progress _____ Other (Please specify) _____

_____ Diagnosis

Method of releasing information: _____ Telephone _____ Written/Fax _____ Court Appearance
_____ Face to Face

If you have an open CPS case that is being handled in family court

I authorize clinician to provide expert testimony in a court of law voluntarily and as requested by subpoena, as well as during any depositions, discovery, other trial or hearing related situations, or any court or litigation administrative needs. This permission to disclose any and all information regarding my evaluation or therapeutic treatment includes no exceptions.

Please Initial

_____ This authorization is being made voluntarily.

_____ My judgment is not impaired by emotional duress or any chemicals.

_____ I may revoke this consent in writing at any time, except to the extent that action based on this consent has already been taken. If not withdrawn, this authorization expires twelve (12) months from the date of signing.

Signature Date