Sylvia Clemons
Licensed Professional Counselor

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Informed Consent and Release

I, _____, hereby authorize *Sylvia Clemons, LPC, LCDC,* to disclose and/or obtain records and/or information concerning:

- _____ myself

  OR

- _____(if client is a minor, name of client)

to/from _____. I understand that such disclosure will be limited to information regarding diagnosis, treatment plan, estimated length of treatment, and/or progress during treatment.

This consent is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance hereon. If not earlier revoked, this consent will terminate one year following the date below.

I acknowledge that I have read and understand the foregoing and I sign this Informed Consent and Release this _____Day of _____, 20_____.

_____
Client

_____ Relationship to minor_____
Client's Representative (if client is a minor)

_____
Witness