

**Tracy E. Crain, M.S., LPC-S, LCDC**

305 Miron Drive  
Southlake, Texas 76092  
(682) 233-2882 PHONE  
(682) 292-1380 FAX

**CONSENT TO RELEASE/RECEIVE INFORMATION**

|   |
|---|
| Client's Name _____   |
| LAST    FIRST    MIDDLE |

I \_\_\_\_\_ authorize Tracy E. Crain, LPC and or its representative to send/receive information to/from the following agencies or people:

|   |
|---|
| Name of Agency or Person _____  |
| Phone Number _____ Fax Number _____   |
| Location                          City                          County                          State |

|   |
|---|
| Name of Agency or Person _____  |
| Phone Number _____ Fax Number _____   |
| Location                          City                          County                          State |

|   |
|---|
| Name of Agency or Person _____  |
| Phone Number _____ Fax Number _____   |
| Location                          City                          County                          State |

The client authorizes the following information to be released from Tracy E. Crain, LPC: Client's progress, attendance, discharge, medical records, entire record, counselor impressions, allowing this form to be released, verbally or written (by phone or in person, via electronically, fax, by mail, etc.) including any and all other information.

The above information will be used for the following purposes: facilitate communication, compliance with standards/agencies, continuing appropriate treatment or program, updating charts, determining eligibility for benefits or program transfer of records, and medical records.

I understand that my records are protected under the Federal Confidentiality Regulations 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 except to the extent that action has been taken in reliance on it and that in any event, this consent expires automatically one year from the date of release from therapy with Tracy E. Crain, LPC.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date