

# Higher Peaks Counseling

## Consent for Release of Information

All information between therapist and client is confidential except for in the following scenarios: 1) Reported physical or sexual abuse against a child, 2) serious suicidal plans, and/or 3) serious homicidal plans. When any of these situations occur, the therapist is required to contact the appropriate authorities. Additionally, information can be shared with legal guardians and to parents of clients under the age of 15. Lastly, clients who are on probation and/or parole may lose their right to confidentiality amongst their Community Support Team (CST). Outside of these exceptions, permission must be obtained by the client in order to release any information. By signing below, you are authorizing the therapist to release and receive information to the noted party for the duration of your treatment, unless the release is recanted at the request of the client. A consent for release of information should be completed for all parties the client is requesting an exchange of information.

I, \_\_\_\_\_, (DOB \_\_\_\_\_), authorize Higher Peaks to exchange confidential information with the following:

Name/Title of Person/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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