



In some instances, sharing information is necessary in order to provide the best possible treatment and care. Examples of those who could benefit from sharing information include present or past therapists, physicians or psychiatrists that may have treated you in the past, school counselors, teachers who are involved in your care, or parents. Information will be shared only if express permission is given in writing.

By signing below, consent will be given to release otherwise confidential information, and said information will be shared from staff of I Choose Change PLLC to the below entity. Information may be shared for the purpose of treatment planning, assessment information, coordinate of services, psychosocial information, discharge planning, or another form of clinical service.

Information will be shared between:

**I Choose Change PLLC
1506 N. Greenville Ave., Suite 250
Allen, Texas 75002**

-AND-

**Phone: (214) 547-1318
Fax: (214) 550-2679**

Name of Organization / Person

Address

City/Zip

Phone

Fax

I understand that this consent to release information will only be released to the following person(s) and will expire exactly one year from the date of signing or through written request by myself only.

Client Printed Name Client Signed Name Date

Guardian Printed Name Guardian Signed Name Date
(If under age 18)