

Susan J. Bramlette, LMFT

1751 River Run. Suite 200
Fort Worth, TX. 76107
Phone: (512) 356-9238
Fax: (512) 233-1021

<http://www.susanbramlette.com>

Please complete and sign this document if you would like me to consult with any other professional who is, or has been, involved with your treatment.

Consent to Release and/or Receive Confidential Information

I, _____, hereby authorize Susan Bramlette LMFT for the purpose of coordination of treatment

_____ to have phone contact _____ release to _____ release from

Name of person/facility/agency

Address

Phone number

Fax number

My address is: _____

City: _____ State: _____ Zip code _____

Phone number: _____ Date of birth: _____

Expiration date: _____

I understand that the above consent is subject to revocation by me at any time except to the extent that action has been taken in reliance on the consent prior to revocation. In any event, if no expiration date is specified above, this consent will automatically expire one year from the date noted below.

Client signature

Date