

# TEM Counseling, LLC

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

The following individual

\_\_\_\_\_ (name of client or participant)

has authorized Terri E. Milen, MA, NCC, MHCI, of TEM Counseling, LLC to receive from/disclose to

\_\_\_\_\_ (name of person or organization)

on behalf of

\_\_\_\_\_ (client and/or minor client, if applicable)

the following information:

- Treatment notes and/or information
- Reports of psychological testing
- Other (explain)

Purpose of communication

- Continue treatment
- Other (explain)

The communication will occur:

- One time
- Continuously for the length of treatment
- Indefinitely

I understand I have the right to refuse to sign this authorization and the (person and or facility) named above are released from all legal liability that may arise from the release of the information requested.

Consent is subject to revocation at any time except that consent may not be withdrawn for disclosure made prior to revocation.

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

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Signature of parent or guardian if required