



Ensemble Therapy
Jaclyn Sepp, MA, LPC, RPT, NCC
2520 Longview Street, Suite 212
Austin, Texas 78705
512.762.4030

RELEASE OF INFORMATION

I/we authorize Jaclyn Sepp, MA, LPC, RPT, NCC to exchange with, release to, or receive from information concerning:

Client name

D.O.B.

With the following people, agencies, or organizations:

_____ Name	_____ Phone Number
_____ Name	_____ Phone Number
_____ Name	_____ Phone Number

I/we understand that the information will be used for professional purposes only, will not be released to anyone else without written permission, and will consist of and be limited to the following:

<input type="checkbox"/> Assessment	<input type="checkbox"/> Ongoing Status
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Psychiatric Evaluation
<input type="checkbox"/> School Records	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Psychosocial/Family history	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Substance Use/Abuse Evaluation	<input type="checkbox"/> Legal Records

This consent will terminate on _____. Records of disclosure will be kept in the medical records.

_____ Client Signature	_____ Date
_____ Parent Signature	_____ Date
_____ Witness Signature	_____ Date