MEGAN POLLOCK THERAPY
Caring support through life's transitions, challenges, & demands

CONFIDENTIAL RELEASE OF INFORMATION FOR COUPLES IN COUNSELING

We hereby authorize Megan Pollock to release and receive information regarding services received for and to each party. The purpose is for treatment coordination and meeting with each party in multiple modalities (individual and/or conjoint sessions):

Client Name

Address City State Zip Code

Phone Number Email Address

and

Client Name

Address City State Zip Code

Phone Number Email Address

This release is in effect until one year past the date of last session and/or written correspondence with Megan Pollock. We understand that either/both of us may revoke this form at any time by notifying Megan Pollock, in writing. Ms. Pollock will be able to acknowledge the revocation at that time to the other party if necessary.

Signature _____ Signature _____

Printed Name _____ Printed Name _____

Date _____ Date _____

5959 W Loop South, Ste. 410 Bellaire, TX 77401 Phone: (281) 974-2726 Fax: (832) 201-9271 megan@meganpollocktherapy.com