



Counseling & Consulting Services Inc.

216 Market Avenue, Suite 110, Boerne, Texas 78006
(830) 249-8521

REQUEST FOR PROFESSIONAL COMMUNICATION

I, _____ request Interactive Counseling & Consulting Services Inc. to consult with the individual(s) listed below. I understand that such consultations will be discussed with me in detail and will be conducted to assist in achieving the counseling goals and objectives, which I have set forth with my counselor.

Informed Consent

I request Interactive Counseling & Consulting Services Inc. and the individual listed below to share information and records gathered through legal, medical, psychological, social evaluations, or consultations. I understand that any information and records transferred from one service provider to another will not be re-released by the provider who receives the information and records without written permission from myself.

Individuals requested to share information and documents.

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

Request for communication concerning children.

I verify that I am the legal parent, legal guardian, managing conservator, or a person designated by the court to have authority to consent to provide psychological services for the child(ren) listed below and I request Interactive Counseling & Consulting Services Inc. and those listed above to share information and documents regarding said children.

Child's Name [PRINT]	Parent's Signature	Date
_____	_____	_____
_____	_____	_____

[Signatures of each adult requesting professional communication]

Name (First & Last)

Name (First & Last)

Witness/Therapist Signature: _____

Date: _____