P.O. Box 5857
Kingwood, Texas 77325-5857
2323 Timber Shadows,
Ste.B Kingwood, Texas 77339
20031 W. Lake Houston Pkwy,
Ste. 400 Humble, Texas 77346
1111 N. Loop West, Suite 935,
Houston, Texas 77008

832.233.3086 (Tel)
832.415.3050 (Fax)
Info@KimberlyBoyd.Net

Reciprocal Consent to Exchange Information and Records

Client's Name ________________________________ Date of Birth_____/____/____

I, ____________________________________, hereby consent to the release of privileged information and records and waive the privilege of confidentiality afforded for medical and mental health care.

Kimberly Boyd Counseling Center, LLC

2323 Timber Shadows, Suite B
Kingwood, Texas 77339

20031 W. Lake Houston Parkway, Ste. 400
Humble, Texas 77346

AND

Name: ____

Address: ____

Phone: ______________________ Fax: ______________________

Email: ____

To exchange reciprocal information and records for the purpose of clarifying and enhancing my care and treatment including but not limited to:

_______ Evaluation/ Assessment

_______ Diagnosis, Treatment Plan, Progress Notes

_______ Parent Consultation (if the client is a minor)

_______ Academics

_______ Legal Proceedings

Expiration of Authorization: One year from date of signature or otherwise specified _____/_____/_____ Clinicians with Kimberly Boyd Counseling Center, LLC are hereby released from all liability arising out of, or in any way incidental to, producing records or providing information pursuant to this authorization. (A duplicate, photo copy, electronic copy, or facsimile reproduction of this authorization may be used in lieu of the original). This authorization is subject to revocation in writing only be the undersigned.

Signature: ______________________________ Print Name: ________________________

Relationship to Client: ____________________________ Date: ______________________