



# Bridging Harts Psychotherapy

203 S. Alma Ste 200

Allen, TX 75013

972-562-5002

## Consent for the Release of Information

I hereby authorize Bridging Harts Staff to furnish

\_\_\_\_\_ information pertaining and relevant to the  
psychotherapy sessions of \_\_\_\_\_. This consent form is reciprocal.

This consent form is reciprocal and will end 60 days after terminating therapy.

Telephone Number \_\_\_\_\_

Type of Relationship \_\_\_\_\_

Relationship Began \_\_\_\_\_

Relationship Ended \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician

\_\_\_\_\_  
Date