**Night Owl Counseling: Debbie Webb, Ph.D., LCSW-S, LPC, LCDC**

Mailing Address: 2407 S. Congress Ave., Ste. E-730, Austin, Texas 78704-5500

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**Consent Form for Dr. Debbie Webb to Speak with/Release Client Information / Record**

|  |  |
| --- | --- |
| Client Name: | Member Code (in office use): |
| Date of Birth: | Soc Sec#: Last 4 digits:  |

ALL items must be checked either “YES” or “NO;” do not leave any blanks.

This authorizes Dr. Debbie Webb to release information to other person(s) or agencies named below:

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Disclosed information limited to: Specific Limitations:

|  |  |
| --- | --- |
| Yes\_\_\_\_ No\_\_\_\_ AssessmentsYes\_\_\_\_ No\_\_\_\_ Care Plan or Care Plan UpdatesYes\_\_\_\_ No\_\_\_\_ Progress NotesYes\_\_\_\_ No\_\_\_\_ Statement/Invoice InformationYes\_\_\_\_ No\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |

Purpose/Need for disclosure:

|  |
| --- |
| Yes\_\_\_\_ No\_\_\_\_ Coordinate concurrent services/evaluate treatmentYes\_\_\_\_ No\_\_\_\_ TreatmentYes\_\_\_\_ No\_\_\_\_ Continuity of careYes\_\_\_\_ No\_\_\_\_ To facilitate insurance benefitsYes\_\_\_\_ No\_\_\_\_ Determine eligibility for disability benefitsYes\_\_\_\_ No\_\_\_\_ Assist in Legal mattersYes\_\_\_\_ No\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This consent to disclosure may be revoked at any time, but the revocation will not affect any action already been taken in accordance with the consent. This consent, unless revoked sooner, will expire one (1) year from the date of signature.

|  |  |
| --- | --- |
| Client signature: | Date: |
| Family/Legal Guardian signature: | Date: |
| Witness signature: | Date: |

02/27/2023