
CONSULTATION RELEASE FORM

While you and I are in a counseling relationship, what you say to me is confidential. The exceptions include any information you might give me regarding child abuse, physical harm to yourself or another, a court order or some issues in regard to HIV/AIDS.

I am in a confidential supervision group with therapists like myself. In this group I may be discussing information regarding your particular case. In addition, I may discuss your case with colleagues who are therapists in the field and with whom I do peer supervision. This provision allows me to discuss the best possible course we might take in our counseling relationship.

Also, I consult with my supervisor, Barbara Ellman, LCSW. There may come a time I need to discuss your case with Barbara Ellman. Additionally, I may request that you or the two of us meet with Barbara Ellman should that be needed therapeutically.

I hereby give my permission for information regarding myself or my case to be discussed in the above manner.

Client Signature

Date

Client Signature

Date