

Jackie Burson, MS, NCC, LPC, RPT

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**CONSENT TO RELEASE INFORMATION**

In some instances, sharing information is necessary in order to provide the best possible treatment and care. Examples of those who could benefit from sharing information include school counselors, teachers who are involved with your care, present or past therapists, physicians or psychiatrists that may have treated you in the past, or parents. Information will be shared only if express permission is given in writing.

**By signing below, consent will be given to release otherwise confidential information, and said information will be shared from Jackie Burson, Licensed Professional Counselor to the below entity.** Information may be shared for the purpose of treatment planning, assessment information, discharge planning, or another form of clinical service.

Information will be shared between

Jackie Burson, MS, NCC, LPC,RPT  
1506 N. Greenville Ave. #250  
Allen, Tx 75002

AND

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Phone (214) 926-2184

I understand that this consent to release information will only be released to the following person(s) and will expire exactly one year from the date of signing or through written request by myself only.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date