

**Donna Kirby Counseling, LLC**  
**Donna Kirby, MS, LPC-S**  
**Licensed Professional Counselor Supervisor**  
**National Certified Counselor**

12800 Hillcrest Rd. Suite A 224  
Dallas, TX 75230  
214-507-0448

**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 present or past therapists, physicians or psychiatrists that may have treated you in the past, school counselors, teachers who are involved in your care, 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 Donna Kirby, MS, Licensed Professional Counselor Supervisor to the below entity.** Information may be shared for the purpose of treatment planning, or another form of clinical service.

**Information will be shared between**

Donna Kirby, MS, LPC-S  
12800 Hillcrest Rd. Suite A 224  
Dallas, TX 75230

Phone: 214-507-0448

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Name of organization / Person

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Address

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City Zip

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Phone / Fax

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.

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Client Printed Name	Client Signed Name	Date
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Guardian Printed Name (If under age 17)	Guardian Signed Name	Date
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