



Tracy Webb, LPC, NCC, RPT
Counseling for Women & Teens
5211 Trenholm Road, Suite B, Columbia, SC
29206

RELEASE OF INFORMATION

Information learned by a health professional about his or her patient is regarded as confidential. However, when two or more professionals are working with the same person it is often beneficial for them to consult in order to work together for the best interest of the client.

I, _____, agree to permit Tracy Webb, Ed.S., LPC, NCC of Tracy Webb Counseling, LLC to share information about _____ with the following persons whenever either deems it necessary and appropriate.

- 1) _____
- 2) _____
- 3) _____

This release expires on: _____ or no later than one year from the date initially signed. I understand that this authorization can be revoked at any time except to the extent that action has already been taken.

Client Signature & Date: (or parent if client under 18 yrs)

Therapist Signature & Date:
