



**ADULT
CONSENT FOR COMMUNICATION**

The following is a consent form which allows *Laura Sparkman* to communicate with outside professionals working with you.

Name of Client

Date of Birth (age)

Phone Number

_____ Client Signature	_____ Date
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Information is only released with your signed authorization to release information.

I hereby give permission for the release of information between the following parties. *Laura Sparkman* is authorized to communicate according to this release:

Laura Sparkman
Name

Licensed Professional Counselor
Position

214-914-6519
Phone

Laura Sparkman has permission to communicate and exchange information with the outside professional(s) listed below:

Name and Professional Relationship to Client

Phone

Address

Email

Name and Professional Relationship to Client

Phone

Address

Email



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