

**Deonae Shackelford, MSW, LCSW**

Licensed Clinical Social Worker #121067

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**Consent for Bilateral Release of Confidential Information**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client DOB

I, \_\_\_\_\_, authorize the two parties (#1 & #2) listed below to release to each other confidential information about me, including but not limited to:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Historical information | <input type="checkbox"/> Attendance     | <input type="checkbox"/> Participation | <input type="checkbox"/> Cooperation    |
| <input type="checkbox"/> Recommendations        | <input type="checkbox"/> Session topics | <input type="checkbox"/> Progress      | <input type="checkbox"/> Current status |
| <input type="checkbox"/> Summary of treatment   | <input type="checkbox"/> Other _____    |  |   |

The purpose of this release is:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Obtain information only | <input type="checkbox"/> Progress reporting | <input type="checkbox"/> Case updates |
| <input type="checkbox"/> Other _____             |   |                                       |

These parties are:

1. Name: Deonae Shackelford, MSW, LCSW  
Licensed Clinical Social Worker #121067

2. Name: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

This consent shall be valid from \_\_\_\_\_ to \_\_\_\_\_

I, the aforementioned, understand that I may revoke this release, in writing, at any time, except to the extent that it has already been acted upon.

A FAX or photocopy of this release is to be considered as valid as the original.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Client Printed Name)

- Copy/FAX given to:  Client  Parent  Guardian  Other Party \_\_\_\_\_
- CSW  Representative
- Original retained by therapist in client file

Please remember that a Release of Information is not needed in situations that involve mandatory reporting.