GEORGE P. GLASER, LCSW
Centre One • 3103 Bee Cave Rd • Suite 101 • Austin, Texas 78746
(512) 371-9418 (voice & fax) • george@georgeglaser.com

CONSENT TO RELEASE CONFIDENTIAL INFORMATION OF A CHILD

I, ____________________________ , hereby authorize George P. Glaser, LCSW,
(*Client's Name)*

located at the address above to release confidential information about

______________________________________, obtained during the course of professional
(Child's Name)

services, to:

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I understand that I may revoke this consent at any time by informing the above parties in writing.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Signature: ______________________________ Date: ________________________
(*Parent or Guardian)*

Signature: ______________________________ Date: ________________________
(*Witness)*

I give my permission for the involved parties to communicate by e-mail: Yes __ No ___

revised 12-29-2011