Jan Dice & Associates, PLLC
Jan D. Dice, M.Ed., M.A.
Licensed Professional Counselor
15443 Knoll Trail Dr., Suite 210
Dallas, TX 75248
Jan@JanDiceLPC.com

License #15564 972-893-9087

RELEASE OF INFORMATION FORM

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize my counselor, Jan Dice, LPC and her administrative and clinical staff to speak to and/or release information, knowledge, data, treatment prognosis and/or results. This information should only be released to:

Name: _____

Address: _____

Phone: _____

Email: _____

You have the right to revoke this authorization, in writing, at any time by sending such information to the office address above for Jan Dice. However, revocation will not be effective if Jan Dice has already taken action on the authorization.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of the information and no longer protected by the HIPAA Privacy Rule.

_____ _____

Signature of Client/Guardian Date