

Deanna Sims, Ph.D.
Licensed Professional Counselor
16800 N. Dallas Parkway, Suite 150
Dallas, TX 75248
972-733-7242

Voluntary Consent for Counseling

I request that Deanna Sims, Ph.D., LPC provide psychotherapy and related services as may be prescribed. I acknowledge that psychotherapy is not an exact science and that no guarantees have been made as to the results of the treatment hereby authorized.

Client Signature _____ Date _____

2nd Client Signature _____ Date _____
in the case of couples therapy

Reciprocal Consent to Release Confidential Information

This document authorizes Deanna Sims, Ph.D., LPC and the following individual(s) to disclose and exchange information concerning _____.
client name(s)

| | |
|--|--------------------------|
| <input checked="" type="checkbox"/> Insurance Company/Managed Care/EAP | _____ PCP _____ |
| <input checked="" type="checkbox"/> Tehan Billing Services | _____ Psychiatrist _____ |
| _____ Other _____ | _____ Other _____ |

The purpose of this disclosure is as follows:

| | |
|--|---|
| <input checked="" type="checkbox"/> Authorization/Utilization Review | <input checked="" type="checkbox"/> Payment/Billing |
| <input checked="" type="checkbox"/> Coordination of Care | _____ Other _____ |

I acknowledge that Dr. Sims may return calls by cellular phone.

I understand that I may revoke, in writing, my consent to allow the above named counselor to release this information at any time, except to the extent that action will have been taken on information released prior to the revocation of my consent. Otherwise, this consent is valid until: _____.

Client Signature _____ Date _____

2nd Client Signature _____ Date _____
in the case of couples therapy