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)

__√__Insurance Company/Managed Care/EAP
__√__Tehan Billing Services
_____ Other_____

_____PCP_ _____
_____Psychiatrist_____
_____Other_____

The purpose of this disclosure is as follows:
__√__Authorization/Utilization Review
__√__Coordination of Care

__√__Payment/Billing
_____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