

**THE FAMILY RESILIENCE GROUP, LLC**  
**RELEASE OF INFORMATION, PERSONS AGE 12-18**

I, \_\_\_\_\_, consent to verbal communication between my parent(s):

\_\_\_\_\_

And my therapist: \_\_\_\_\_.

The following that are initialed can be disclosed:

\_\_\_\_\_ Any and all communication, content of sessions. This is meant to be a complete and free flow of communication between the therapist and my parent/guardian.

\_\_\_\_\_ Limited general discussion of well-being, but keeping actual discussions and my conversions in therapy sessions more protected. This allows your parents information about your general health, goals in session, but allows for your actual comments to stay private. We will discuss frequently which information you would like to stay confidential, which information is ok to disclose.

\_\_\_\_\_ I consent to release information that the therapist sees a compelling need to release in order to protect me. These will include but not be limited to: Information on drug use that is more than casual marijuana use, unprotected sex, self-harming behaviors that are not ending despite our work together and dangerous peer situations.

Other comments: \_\_\_\_\_

\_\_\_\_\_

The consequences of not signing this release of information are:

\_\_\_\_\_

This release is valid for a 2 year period starting from the date of signature and can be revoked in writing at any time.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Date