

RELEASE OF MENTAL HEALTH RECORDS OF A MINOR

I, \_\_\_\_\_, have received the records of the sessions for the following children, \_\_\_\_\_, from \_\_\_\_\_, LPC. My relationship to the children is as follows: \_\_\_\_\_. By signing below, I acknowledge that I understand and fully accept the responsibilities in maintaining and protecting the confidentiality of the counseling relationship. I also acknowledge and promise these files will not be used to harm the above-mentioned children in any way, including but not limited to emotional or physical harm.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Verified by/Witness