

Wellness Counseling & Consulting Services
20512 SW Roy Rogers Rd., Suite 150, Sherwood, OR 97140
(503) 833-2566

Release of Information for Relationship Counseling

I acknowledge that information pertaining to the scheduling, billing, treatment planning, therapeutic progress, and session content of my **relationship counseling sessions** is available to the other participant(s) in my sessions.

I further acknowledge that information pertaining to the content of any **individual sessions** I have with my therapist during the course of relationship counseling are NOT available to the other parties without my verbal agreement. However, my therapist may choose to discontinue services if she feels that withholding this information will be detrimental to treatment.

Signature of Client

Date

Print Name