

Dr. Kelly Webb Ferebee, PhD
LPC-S, RPT-S, NCC, CEAT
**The Sandbox: Center for Counseling, Play Therapy,
and Expressive Arts Therapy**
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♥ Consent for Release of Confidential Information ♥
(Please check all that apply)

I hereby authorize **Dr. Kelly Webb-Ferebee, PhD, LPC-S, RPT-S, NCC** to **RELEASE**:
_____ Assessment and/or
_____ Counseling or psychological
records for the client named below to the person or agency named below. **Dates of service:** *(ex 5/01-8/02)* _____

I hereby authorize **Dr. Kelly Webb-Ferebee, PhD, LPC-S, RPT-S, NCC** to **REQUEST**:
_____ Educational
_____ Counseling or psychological and/or
_____ Medical
records for the client named below to the person or agency named below. **Dates of service:** *(ex 3/01-9/02)* _____

I hereby authorize **Dr. Kelly Webb-Ferebee, PhD, LPC-S, RPT-S, NCC** to **CONSULT** with the appropriate person or agency named below for the client named below. **Dates of service:** *(ex. 9/01-7/02)* _____

_____ Client		
_____ Agency/Office/School		
_____ Name of service provider, title		
_____ Address		
_____ City	_____ State	_____ Zip
_____ Office Phone		
_____ Office Fax		
_____ e-mail address		

I understand that I may revoke this consent at any time by informing the above parties in writing.

Client or Parent/Guardian, if minor Date Clinician Date

