

Cressan Smith, MS
Licensed Professional Counselor

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Parental Waiver of Right to Child's Records

I hereby waive my right as parent/guardian to obtain information from and copies of any records from Cressan Smith, LPC pertaining to the evaluation and treatment of the following child:

_____, age _____, DOB _____.

I understand that Cressan Smith, LPC may refuse to provide me, or any third party acting upon my request or authorization, with information and records pertaining to this child's mental health evaluation and treatment with the exception of suicide ideation and/or physical or sexual abuse. It is the opinion of Cressan Smith, LPC that disclosure would negatively impact the child or the child's evaluation and treatment. Cressan Smith, LPC reserves the right to provide a parent or guardian with general information on the well being of the child when doing so would provide a positive impact on the child.

I hereby release Cressan Smith, LPC from any and all liability for good-faith refusal to disclose the child's information or records.

Parent/Guardian

Date

Parent/Guardian

Date

Child/Minor

Date

As witnessed by:

Cressan Smith, LPC
Therapist

Date