

# Laurie Lytel, LCSW, LLC

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## Client Release of Information

It may benefit your treatment for your therapist to have access to prior treatment records. In addition, it may be helpful for your therapist to speak with family members or significant others for consultation purposes if necessary. Please provide the information below.

<u>Family Members</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

<u>Therapists (Psychologists/SWKers/MFTs)</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

<u>Doctors (Medical/Psychiatric)</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

<u>Others (Schools, Deans, Probation officers, Hospitals, Etc.)</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

I understand and agree that my therapist may contact the people specified above for consultation purposes regarding my treatment. This expires in one year.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date