

Eddie F. Traughber, M.S., L.M.F.T.

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**NOTICE
PLEASE READ CAREFULLY**

IN THE STATE OF TEXAS, ANY INFORMATION YOU SHARE WITH A COUNSELOR IS PRIVILEGED AND CONFIDENTIAL INFORMATION AND MAY BE SHARED ONLY WITH YOUR EXPRESS WRITTEN CONSENT. BY SIGNING THIS FORM, YOU WAIVE YOUR PRIVILEGE OF CONFIDENTIALITY IN REGARD TO THE ORGANIZATION OR PERSON LISTED BELOW.

I, _____, give my consent to Eddie F. Traughber, M.S., L.M.F.T. to request or provide information regarding myself or my minor child, _____, which may be helpful in counseling. I understand that this consent may apply to written or oral information and that Eddie F. Traughber, M.S., L.M.F.T. may be discussing my case with the named individual or representative(s) of the organization listed below.

NAME _____

ORGANIZATION _____

ADDRESS _____

PHONE NUMBER _____

Consented to and signed by:

_____ Date: _____

Witness: _____ Date: _____

This consent expires _____ unless revoked earlier in writing, except to the extent action has already been taken thereon.