

Deidre Bliss, LPC  
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## CLIENT CONSENT TO DISCLOSE INFORMATION

In order to discuss your case with anyone, I need a signed, written consent form. **YOU DO NOT HAVE TO SIGN THIS FORM.** If you do not wish to sign this form, I will be prohibited, by Federal Law, from discussing your case with any outside agency or person.

I freely and voluntarily consent and allow Deidre Bliss, LPC to share, exchange, and disclose any information relevant to the treatment of

\_\_\_\_\_.

The consent is limited to the sharing, exchanging, and discussion of information between Deidre Bliss, LPC and

\_\_\_\_\_ / \_\_\_\_\_

Name

Phone number

From: \_\_\_\_\_ to \_\_\_\_\_.

Today's date

Date of expiration

\_\_\_\_\_ date \_\_\_\_\_

Signature of client

\_\_\_\_\_ date \_\_\_\_\_

Signature of parent/guardian or legal  
representative of client

\_\_\_\_\_ date \_\_\_\_\_

Deidre Bliss, LPC (therapist)