

**Seasons Promise
Permission for Collaboration**

In counseling, it is often helpful to discuss relevant information with others, which is normally confidential. Please check any below you feel are relevant for best counseling outcomes, including names and contact information. Information shared will be that information relevant to your or your child's care only.

___ 1. Physician or Medical Provider: _____

___ 2. Teacher or Work Contact: _____

___ 3. Other mental health providers: _____

___ 4. Child's other parent or Your Partner: _____

___ 5. Other: _____

___ 6. Other: _____

In each of these situations only information that is needed will be disclosed to provide as much privacy as possible.

Name

Date