

CRT COUNSELING

CHANGE, RENEWAL, TRANSITION
10405 E. Northwest Highway #203
Dallas, Texas 75238

(214)-340-0208
FAX: (214)-340-7092
www.crtcounseling.net

At CRT Counseling, we believe that coordination of care is very important. We would like to be able to do this with your Primary Care Physician or your Psychiatrist. In order to do so, we need your permission. By signing below, you authorize CRT Counseling to release any relevant clinical information to the Doctor listed below.

Client Name (please print)

Client signature

Date

Name of Physician/Psychiatrist

Address

Phone Number

Fax Number

Dear Doctor _____

This is being sent to you as a courtesy, to inform you that the above named patient is participating in outpatient psychotherapy for _____

If you would like to discuss this further, please feel free to contact me.

Sincerely,