



Joyful Hearts Counseling

REQUEST FOR DOCUMENTATION/Written SUMMARY OF CLIENT PROGRESS

Client's Name

Date of Birth

What is being requested (please be specific as possible):

*Request for documentation/client information does not guarantee that it will be released. This is left to the discretion of Leslie Pechkurow, LPC to determine what is in the best interest of the client's well-being.

Who the information will be released to:

name of individual/organization

phone number

relationship to client

Purpose for disclosure (please be as specific as possible):

I hereby give permission to Leslie Pechkurow, LPC to release the above requested information to the individual noted on this form.

Signature of Parent/Guardian if applicable

Relationship to client

client signature, if applicable

Date of Signature

Joyful Hearts Counseling
2345 S. Alma School Rd. #110
Mesa, AZ 85210

(480)-420-8426
Leslie@joyfulheartscounseling.com
www.joyfulheartscounseling.com



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* (If client is between 12-18 years of age, both his/her signature is preferred along with required signature of parent/legal guardian.)

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