

Brenda Lee Roberts, M. Ed., LPC  
4849 Greenville Ave., Ste 1118 , Two Energy Square  
Dallas Texas 75206  
972-672-0038 main 972-534-1443 fax  
www.BrendaLeeRoberts.com Brenda@BrendaLeeRoberts.com

**RELEASE OF CONFIDENTIALITY**

We \_\_\_\_\_ and \_\_\_\_\_

living at \_\_\_\_\_

\_\_\_\_\_ phone #

\_\_\_\_\_ email address

do hereby authorize persons, organizations or establishments including but not limited to therapists, doctors, school districts, school teachers, school nurses, child care, neighbors, witnesses, Child Protective Services, friends, employers and relatives having information or records concerning each of us and our circumstances as well as our minor child(ren) (named below) and their circumstances or any minor child we are caring for (named below) and their circumstances

NAME

DATE OF BIRTH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to furnish such information to:

**Brenda Lee Roberts, M. Ed., LPC  
4849 Greenville Avenue, Ste 1118  
Two Energy Square  
Dallas, Texas 75206**

**972.672.0038 main  
972.534.1443 fax  
Brenda@BrendaLeeRoberts.com**

I hereby grant Brenda L. Roberts, M. Ed., LPC permission to obtain information that may have a bearing on the welfare and best interest of the child(ren) subject of this social study including but not limited to criminal background checks, sexual offender background checks, fingerprints for the State of Texas or FBI background checks, and includes my consent for release of information on illegal drug use, diseases, illnesses including HIV/AIDS, and any testing on each of us or our child(ren).

Ms. Roberts, having been ordered to conduct research into the circumstances and condition of the home of \_\_\_\_\_ Ms. Roberts also having been ordered to appear in court if necessary to provide testimony of same if requested to do so by any counsel of record. I understand information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected. I understand treatment or payment cannot be conditioned on signing this authorization. This authorization shall be in effect until the final hearing of this court proceeding, Cause No. \_\_\_\_\_ in \_\_\_\_\_ County Texas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name