



C O M P A N Y

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Omaha NE 68154

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E-mail: info@senseofhope.org

RELEASE of INFORMATION

I, _____, on behalf of myself and/or minor child,
_____, consent to the exchange of information
between Stephanie Voss, LMHP, PLADC, CPC and

Individual/Hospital/School/Other Facility

Address

Phone

In regard to:

- All available medical information
- All available psychological information
- All available psychiatric information
- All available school information including transcripts, test results & attendance records.
- All available social and case history information
- All available legal information
- All treatment history
- Other:

Signature: _____ Date: _____

Printed Name: _____