

**Marie Krebs Consulting
Transfer of Records**

In the case of my own death or incapacity, I have made provision for another mental health provider to take possession of all my client records. In this event, you may contact Carmen Scroggin, MA, LPC for information concerning how to access a copy of your record or how to have your record transferred to another mental health professional of your choosing.

I hereby give my consent for psychological treatment from the therapist signed below. I have read this document carefully and understand the information regarding consent and Marie Krebs, MS, LPC, LCDC, SRT, CCPS, CDWF and policies contained herein. Any questions I had were discussed and answered to my satisfaction. I agree to comply with the policies stated. I understand that, should I require services when my therapist is on vacation, this consent is transferable to the covering professional as designated by my therapist. I have been furnished a copy of this statement.

Client Name _____ Date _____

Parent/Legal Guardian _____ Date _____
(If client under 18 years of age)

Therapist _____ Date _____

Carmen Scroggin, MA, LPC

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