

**Libby Fischer-Osborne, MS, LPC**  
**Licensed Professional Counselor**  
**LFO Counseling, PLLC**

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**Parental Waiver of Right to Child's Records**

I hereby waive my right as parent/guardian to obtain information from and copies of any records from Libby Fischer-Osborne, LPC with "LFO Counseling, PLLC" pertaining to the evaluation and treatment of the following child: \_\_\_\_\_, age \_\_\_\_\_, DOB \_\_\_\_\_.

I understand that Libby Fischer-Osborne, LPC "LFO Counseling, PLLC" may refuse to provide me, or any third party acting upon my request or authorization, with information and records pertaining to this child's mental health evaluation and treatment with the exception of suicide ideation and/or physical or sexual abuse. It is the opinion of Libby Fischer-Osborne, LPC that disclosure would negatively impact the child or the child's evaluation and treatment. Libby Fischer-Osborne, LPC reserves the right to provide a parent or guardian with general information on the well being of the child when doing so would provide a positive impact on the child.

I hereby release Libby Fischer-Osborne, LPC and LFO Counseling, PLLC from any and all liability for good-faith refusal to disclose the child's information or records.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child/Minor

\_\_\_\_\_  
Date