805 S Church Street
Suite 20
Murfreesboro, TN 37130

TUCKER-HUGGINS & ASSOCIATES

1114 N Main Street
Suite B
Shelbyville, TN 37160

Attorney Release of Information and Engagement Agreement

I. **Purpose:** This written agreement outlines expectations of both Laura Tucker-Huggins, LPC-MHSP and _____(client) in regard to Ms. Huggins communication and interaction with your attorney.

II. **Scope of Services:** Ms. Huggins agrees to communicate with your attorney via email, phone calls, and in-person meetings. Should Ms. Huggins determine that another's right to confidentiality may be violated, information will be censored accordingly. No communication will occur prior to signatures on the Engagement Agreement and the Release of Information. Minor court reports as deemed appropriate **may be** considered inclusive in this agreement.

III. **Fee Schedule:** All attorney/therapist communication is billed at the rate of $250 per hour in 15 minute increments.

IV. **Retainer: A nominal retainer in the amount of $500 is required. As these funds are depleted, you will receive statement and request to replenish funds.**

V. **Acknowledgment and Signature:** Your signature indicates agreement with the terms and conditions outlined.

Client Name:_____ **Date:**_____

Authorization to Disclose/Receive Protected Health Information with Attorney/Legal Counsel

Client Name: _____ DOB _____

I hereby authorize **Laura L. Tucker-Huggins, LPC/MHSP and/or Tucker-Huggins & Assoc. Staff**
to release/exchange/receive verbal and written communication and information with the following identified individual:

Representing Attorney:_____PHONE/FAX:_____

The following information:

□ Psychiatric/Psychological/Social History Information	YES _____	NO _____
□ Evaluations Results	YES _____	NO _____
□ Periodic reports of current treatment progress, barriers to treatment, or prior treatment	YES _____	NO _____

The purpose of the disclosure of the above information is: **Communication/Coordination of services.**

I understand that this release of information is subject to revocation by me, in writing, at any time and that this release is not valid beyond one year (_____). I also understand that the person(s) or agency receiving this information is prohibited from making any further disclosure of such information except with my specific consent.

_____ _____
Client Signature Date

_____ _____
Therapist Signature Date

Payment Amount Rec'd: _____ **Date Rec'd:**_____