



CCD Counseling P.A.

Denton

Lewisville

Farmers Branch

Administration: 1512 Scripture Street, Denton, Texas 76201

(940) 382-5328 www.ccdcounseling.com www.facebook.com/ccdcounseling

Document Receipt Form

To be completed by the staff member authorizing release.

The documents in the attached envelope may be given to:

Name(s): _____

Client Name: _____

Client ID#: _____

- 1. The contents are **NOT** records and are **NOT** protected (may be released without ID verification)
NO FURTHER DOCUMENTATION REQUIRED
- 2. The contents ARE protected
(may only be released to the named individual or their representative with signature and a copy of Driver's license or other government issued picture ID)

CCD Staff Signature

Date

IF #2 IS CHECKED, THE FOLLOWING SECTIONS MUST BE COMPLETED.

To be completed by person picking up protected documents.

Check one:

- I am the person named above.
- I have been authorized by the person named above to pick up these documents.

By signing this document, I acknowledge that: a) I have received these documents, b) these documents are protected by law and c) that I may be committing a crime if I have misrepresented my identity to obtain them.

Recipient Signature

Date

To be completed by the staff member delivering protected documents.

A copy of recipient's ID is attached.

CCD Staff Signature

Date