



**PARAKLETOS**  
One Called Alongside To Help

## **INFORMED CONSENT**

**I understand that my tax representation with the Parakletos, Inc. may include discussing my case with third parties. Accordingly, I authorize the release of confidential information regarding my case to the individuals listed below and will not hold the firm liable for discussing confidential client information with these individuals:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email Address

**I understand that by signing below the firm will comply with Rule 1.6 of the Oklahoma Rules of Professional Conduct as my signature verifies my informed consent.**

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name