

I, _____, hereby authorize Maggie E. Roney M.S. NCC LPC (therapist) to
full name
 disclose the specified information to/from:

Full Name

Relationship

Such information includes (check all that apply):

Assessment

Progress Notes

Personal, Social and Family History

Psychological Tests/Assessments

Medical Information

Other: _____

This consent shall terminate on _____ unless client chooses to revoke consent in writing at an earlier date.
date

Client/Guardian: _____

Date: _____

Therapist: _____

Date: _____