RELEASE OF INFORMATION

Date:_____

Client Name:_____

I authorize
Emily Robson, MA., LPC
18090 Mack Avenue Grosse Pointe, MI 48230
313.460.5536

TO RELEASE TO:

NAME:
_____

ADDRESS:
_____

PHONE: FAX:
_____ _____

Information related to the assessment, diagnosis, treatment plan, psychological testing results, or any other pertinent information regarding the individual(s) name above.

REASON FOR DISCLOSURE:

_____

_____

Specifically, I DO NOT authorize the release of the following information:

_____

_____

I also authorize the above-named individual or institution to release any pertinent information to Emily Robson.

Client Name:_____ Relationship to client:_____

Client Signature:_____

Parent/Guardian Signature (if client is a minor):_____

Date Consent Expires:_____