



Discover Your Destination • Choose Your Direction • Invite Traveling Companions

Consent for Release of Information

I authorize written release/disclosure and verbal exchange and of information regarding my care between Stacey Blank, MA, LPC, CACIII and the below noted party:

Name _____

Phone _____

Fax _____

I have read, understood and received a copy of the information presented in this document.

Client

Date

Witness

Date

I withdraw my consent for the above noted person to have contact with Stacey Blank, LPC, CACIII

Client

Date