Insight Professional Counseling, LLC
Celeste Daiber, M.Ed., LPC-S, NCC, RPT
Licensed Professional Counselor-Supervisor, Registered Play Therapist
408 Jefferson Street
St. Charles, MO 63301
Phone (636) 724-1224
Fax (866) 361-8832

Release of Information Consent

I, _____ , authorize, _____

In regards to (client's name, dob), _____

to: ____ (send) __ (receive) the following ____ (to) __ (from) the following agencies or people:

Name: Celeste Daiber, M.Ed., LPC-S, NCC, RPT

Address: 408 Jefferson St. City: St. Charles State: MO Zip: 63301

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

____ Academic testing results
____ Behavior programs
____ Case notes
____ Intelligence testing results
____ Medical reports
____ Personality profiles
____ Progress reports
____ Psychological reports
____ Psychological testing results
____ Service plans
____ Summary reports
____ Vocational testing results
____ Entire record
____ Other (specify) _____
_____
_____

The above information will be used for the following purposes:

____ Planning appropriate treatment or program
____ Continuing appropriate treatment or program
____ Determining eligibility for benefits or program
____ Case review
____ Updating files
____ Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: ____/____/_____

Parent/guardian signature: _____ Date: ____/____/_____