



**Insight Professional Counseling, LLC**  
**Celeste Daiber, M.Ed., LPC-S, NCC, RPT**  
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**Release of Information Consent**

I, \_\_\_\_\_, authorize, **Celeste Daiber, M.Ed., LPC-S, NCC, RPT**

In regards to (client's name, dob), \_\_\_\_\_

to: \_\_\_\_ (send) \_\_\_\_ (receive) the following \_\_\_\_ (to) \_\_\_\_ (from) the following agencies or people:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Academic testing results     | <input type="checkbox"/> Psychological testing results     |
| <input type="checkbox"/> Behavior programs            | <input type="checkbox"/> Service plans                     |
| <input type="checkbox"/> Case notes                   | <input type="checkbox"/> Summary reports                   |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results        |
| <input type="checkbox"/> Medical reports              | <input type="checkbox"/> Written and/or oral communication |
| <input type="checkbox"/> Personality profiles         | <input type="checkbox"/> Entire record                     |
| <input type="checkbox"/> Progress reports             | <input type="checkbox"/> Other [specify] _____             |
| <input type="checkbox"/> Psychological reports        | _____  |

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: \_\_\_\_/\_\_\_\_/\_\_\_\_