



**Insight Professional Counseling, LLC
Celeste Daiber, M.Ed., NBCC, LPC, RPT-S**

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Release of Information Consent

I, _____, authorize: Celeste Daiber, M.Ed., NCC, LPC, RPT-S
In regards to (client's name, dob), _____

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

Name: _____

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

Name: _____

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

Name: _____

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

Academic testing results

Psychological testing results

Behavior programs

Service plans

Case notes

Summary reports

Intelligence testing results

Vocational testing results

Medical reports

Entire record

Written communication

Personality profiles

Progress reports

Other (specify) _____

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 [if 18 or older]: _____ Date: ____/____/____

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

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