



Take your life to the next level

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Consent to Release/Share Information

I, _____, authorize IE Counseling/Heidi Kiebler-Brogan 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: _____

___ Academic testing results

___ Psychological testing results

___ Behavior programs

___ Service plans

___ Case notes

___ Summary reports

___ Intelligence testing results

___ Vocational testing results

___ Medical reports

___ Entire record

_____ Progress reports

___ 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: __/__/__

Witness (if client is unable to sign): _____ Date: __/__/__

Person informing client of rights: _____ Date: __/__/__

Mail to: _____

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