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CONFIDENTIAL INFORMATION CONSENT FORM

I, _____, do hereby consent and authorize _____
Client / Guardian *Doctor / Psychiatrist*
to release information and discuss my case with Patricia Dalen.

I understand that the information discussed will include:

- My diagnosis and the symptoms and the history indicating this diagnosis.
- Treatment recommended for this diagnosis.
- Discussion and monitoring of possible prescribed medication.
- Considerations for possible emergency medical attention and procedures.
- Contact with immediate family members if medically necessary (emergency situations)
(Note: Separate consent forms must be signed to discuss procedural treatment with any particular family members)

I am choosing to sign this release of information form voluntarily and for the purposes specified above.

Signature: _____ Date: _____

Print name: _____