



Gage Counseling & Consulting, LLC

Jessica Gage, MA, LPC, NCC (License #PC07550)
801 Union Avenue, 4th Floor, Pittsburgh, PA 15212
P: 724-207-3767 | F: 412-586-2119
jessicamgage@gmail.com

Consent for Release of Confidential Information

CLIENT NAME: _____
BIRTHDATE: _____

I HEREBY AUTHORIZE:
Name/Agency _____

TO RELEASE INFORMATION ABOUT ME AND MY PARTICIPATION WITH:
Name/ Agency _____
Address _____
Phone # _____

INFORMATION IS TO BE RELEASED TO:
Name _____
Address _____
Phone # _____

FOR THE PURPOSE OF:
_____ Follow-up after therapy terminates.
_____ Consultation regarding therapy and/or coordination of treatment and care.
_____ Other: _____

INFORMATION TO BE RELEASED IS THE FOLLOWING (Client must INITIAL each specification):
_____ Specific discussion about my counseling and progress of my therapy.
_____ Specific discussion about my addictions issues, if that applies.
_____ History of my psychiatric conditions, including suicidal behavior, if applicable.
_____ Information about my psychiatric hospitalization.
_____ Information about my disposition and where I will follow-up after counseling/hospitalization.
_____ Information about my medical health, including HIV/AIDS if applicable.
_____ Information about medications I am taking/have taken for medical and psychiatric reasons.
_____ Information about a psychiatric evaluation or psychological testing.
_____ Information about my school behavior, academics, and teachers' concerns.
_____ Other: _____

I understand that the information being released is confidential and, as such, is protected by state law. Furthermore, state regulations limit any further disclosure of this information without prior written consent.

I have read the above and understand the nature and use of this release, which shall be in effect from today, _____, until six months from today, _____.

If I desire to revoke this authorization, I need to submit my request in writing to my therapist, Jessica M Gage, MA, LPC, NCC, at 801 Union Ave., 4th Floor CCC, Pittsburgh, PA 15212.

Signature of Client or Responsible Guardian

Date

Signature of Client if minor, ages 14-18

Date

Signature of Witness

Date