Ephesians Professional Counseling

Leslie J. Marler, MS, NBCC, LCPC

State Licensed Clinical Professional Counselor, National Board Certified Counselor

Bethesda, MD -- Teletherapy Only --

301-466-2050 Fax: 301-530-1146

http://ephesians.org

Consent to Release Clinical Information

Client:____ DOB:_________________

Address:____

Home Phone:_______________ Work Phone:________________ Cell:__________________

I hereby authorize the release of the following clinical information about me (or about my child or ward) TO and/or FROM Leslie J. Marler, MS, NBCC, LCPC by verbal or written means. **E-mailing clinical information is prohibited**.

____Insurance Verification

____Psychiatric Evaluation

____Psychological Evaluation

____Social History

____Educational Diagnosis

____Academic Records

____Admission/Discharge Summaries

____Summary of Progress

____Laboratory Reports

____Legal Records

____Medications/Changes

____Discharge Plan & medications on discharge

____Other (specify)____

Organization or person with whom Leslie J. Marler, MS, NBCC, LCPC will communicate:

Agency Name:____

Contact Person: ____

Address: ____

____

Phone:________________________________ Fax:___________________________________

• I understand that Leslie J. Marler, MS, NBCC, LCPC cannot be held responsible for re-disclosure of protected health information once it has been released to another party.

• I understand that I may revoke or terminate this authorization by submitting a written request to Leslie J. Marler, MS, NBCC, LCPC otherwise this authorization will be effective for 2 years from the date of signature.

________________________________ ____________________________ ______________

Signature of Client/Legal Guardian Relationship to Client (if applicable) Date

____ ________________

Signature of Therapist Date