



Cornerstone Counseling & Consulting Specialists, LLC

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CONSENT TO DISCLOSE AND/OR ACQUIRE INFORMATION

I, _____ give my consent to Marie C. Gray, Ph.D., to disclose/ acquire information for the purpose of:

- | | |
|--|--|
| 1. Releasing the results of assessment/treatment | 4. Coordinating with other service providers |
| 2. Assuring continuity of care | 5. Settling insurance/third party claims |
| 3. Coordinating with significant others | 6. Developing discharge/aftercare plans |

I understand that the information will be disclosed/acquired only for the purpose noted above and that the information released/obtained will be limited to the following:

- | | |
|---------------------------|---------------------|
| A. Court of Common Pleas | E. Children & Youth |
| B. Probation/Parole | F. School |
| C. Attorney of Record | G. Parent/Guardian |
| D. Social Services Agency | H. Other |

I understand that I have no obligation whatsoever to authorize any disclosure/acquisition of information and I understand that I may revoke this consent at any time by notifying my counselor in writing specifying a day, time, event or condition upon which my consent will expire. Otherwise, this consent shall automatically expire in 180 days after the date noted below. I have read this information and have had it explained to me and I understand it's contents. A photo or copy of this form will be considered valid.

CLIENT'S SIGNATURE

DATE

WITNESS

DATE

COPY OFFERED: **ACCEPTED**
 REJECTED