Owasso Counseling

13720 E. 86th St. N. Ste.170 Owasso, OK 74055 Laura Long, MA, LPC (918) 698-2281

Consent to Release Confidential Information

Consent:			
I,		, w	vaive my rights to
confidentiality as indicated share information about me	l below and give La	aura Long, MA, LPC	C, my permission to
(name of person)			
(relationship with person)			
For the purpose of			
Contact information for the	e above named is:		
Address			
Phone number:			
Consent is good for	_ 6 months,	_1 year, or until spec	rific date
Signed:		Da	te: