

Maggie Weisenberger, LCSW-S, RYT  
Wise Zen Therapy, PLLC



### Consent to Release Information

I, \_\_\_\_\_ hereby request Maggie Weisenberger,  
LCSW-S, RYT to RELEASE/OBTAIN (circle one) information about  
\_\_\_\_\_ to the following:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

KIND OF INFORMATION TO BE DISCLOSED: (check all that apply)

Reason for Referral       Assessments       Discharge Summary  
 Treatment Summary       Educational/School Record       Psychological Tests  
 Progress Notes       Financial Record       Court Information  
Other \_\_\_\_\_

PURPOSE OF INFORMATION DISCLOSURE: (check all that apply)

Continuity of Care       Personal Information       Court Involvement  
 School      Other \_\_\_\_\_

Maggie Weisenberger, LCSW-S, RYT is not responsible for any information once it has been released to a third party. I hereby release Maggie Weisenberger, LCSW-S, RYT from all legal responsibility and liability that may arise from disclosure of my record in reliance of this authorization.

You may revoke this authorization in writing at any time and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization. The release of this information automatically terminates when the client(s) terminate services with Maggie Weisenberger, LCSW-S, RYT.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_