

You can print this form, fill it out, and mail the signed hardcopy to the address below, or bring it to your first appointment to fill out together.

Melanie Fuscaldo LPC, NCC
1945 Pauline, Suite 10
Ann Arbor, Michigan 48103
(734) 668-2733

Release of Information

I _____
give my permission to Melanie Fuscaldo, Licensed Professional Counselor to discuss relevant information from any counseling session or sessions with the following named person or organization for the purpose of furthering counseling goals.

I further permit the following named person or organization to disclose to Melanie Fuscaldo any information that is judged likely to facilitate counseling.

Name of person or organization _____

Address and phone number _____

I can revoke this consent at any time except when action had already been taken.

Date _____

Signature _____

Name printed _____

Address _____

Phone number _____

Email _____