

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.

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**Melanie Fuscaldo LPC, NCC**  
**1935 Pauline, Suite 200**  
**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 \_\_\_\_\_