



WENDELL COUNSELING

OBTAINING/RELEASING INFORMATION FORM

I, _____, hereby authorize _____ to obtain/release information pertaining to my daughter's evaluation and/or treatment with Dane Wendell, LCPC.

This release includes written and verbal communication between _____ and Dane Wendell, LCPC.

I understand that authorization shall remain valid from the date of my signature below and ending on _____.

I have been informed that I may revoke this authorization by written or oral communication to Dane Wendell, LCPC.

I certify that this form has been fully explained to me and that I understand its contents.

Patient name: _____

Date of Birth: _____

Signature of patient or parent/guardian

Date of Authorization

Wendell Counseling, LLC
Dane Wendell, LCPC
600 Wyndhurst Ave, apt 112
Baltimore, MD 21210
443-862-0892
dwendell@wendellcounseling.com