

Comprehensive Counseling Center  
913 NJ Route 23 Suite 206 Pompton Plains, NJ 07444 201-320-6334

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, give permission for Comprehensive Counseling Center to  
( Name of patient)

communicate and/or release requested materials to \_\_\_\_\_ with  
(name of agency/person)  
regard to my counseling treatment.

\*If you would prefer to limit the type of information and/or record(s) that may be released to the above named Person/Agency, please specify such limitations in writing and provide with this Release form

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**RELEASE OF INFORMATION**

I \_\_\_\_\_ give permission to \_\_\_\_\_  
( Name of patient/guardian) (Name of Person/Agency)\*

to communicate with and/or release requested materials to Comprehensive Counseling Center regarding my treatment.

\*If you would prefer to limit the type of information and/or record(s) that may be released by the above named Person/Agency, please specify such limitations in writing and provide with this Release Form

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Client signature: \_\_\_\_\_  
(Patient 16 years or older signature)

Parent/guardian signature: \_\_\_\_\_

Witness: \_\_\_\_\_  
Print Name Signature

Date: \_\_\_\_\_