

icChoice.com

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Consent Form

I, _____ hereby give permission and authorize

Carolyn Peguero Spencer, LCSW to disclose whatever information necessary for the professional purpose of :

_____,to the following persons:
(please include name, phone number and address)

1. _____

2. _____

3. _____

I, _____ hereby give permission and authorize _____ to disclose information

that is pertinent and necessary to conduct treatment to:

Carolyn Peguero Spencer, LCSW.

This consent will terminate and need to be renewed in 3 months from this date : _____

Signature of Client : _____ Date: _____

Parent/Guardian: _____ Date: _____

Therapist: _____ Date: _____

