

# 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: \_\_\_\_\_

