
Mary Ann Hartnett, Ph.D.

Licensed Clinical Social Worker

1010 Lake Street, Suite 620
Oak Park, IL 60301
708 359-5225

CONSENT TO RELEASE INFORMATION FORM

I, _____ give my consent to
(print your name)

Dr. Mary Ann Hartnett to 1) discuss _____'s therapy
(name of child)

with the person named below and 2) for the person named below to release information to Dr. Mary Ann Hartnett about my children and my family.

(print name of physician/therapist/caseworker)

(person's phone number)

(person's **FAX** number)

Information discussed with the above-named therapist/physician/caseworker will not be shared by Dr. Mary Ann Hartnett with anyone other than the above-named person and the parent who signed this form.

(sign your name)

(date)