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# Mary Ann Hartnett, Ph.D.

Licensed Clinical Social Worker

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

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

I, \_\_\_\_\_ give my consent to  
(print your name)

Dr. Mary Ann Hartnett to discuss my therapy with you and for you to release information to Dr. Mary Ann Hartnett about the care or services I receive from you,

\_\_\_\_\_  
(print physician / therapist's / attorney's name)

\_\_\_\_\_  
(person's phone number)

\_\_\_\_\_  
(person's **FAX** number)

Information discussed in case consultation sessions will not be shared with anyone other than Dr. Mary Ann Hartnett and the physician / therapist / attorney named above and myself.

\_\_\_\_\_  
(sign your name)

\_\_\_\_\_  
(date)