

**South Suburban  
Psychological & Counseling  
Services**

4635 Nicols Road, Suite 200  
Eagan, Minnesota 55122  
(651) 454-0684

Michael J. Ferrarese, Ph.D.  
Licensed Psychologist

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize Dr. Michael J. Ferrarese, Ph.D., Licensed  
Psychologist, to:       Disclose to                       Obtain from                       Exchange with

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

the following information: \_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_, Date of Birth \_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

\_\_\_\_\_

I understand that this consent is valid for one year unless I revoke it by written request.

Date \_\_\_\_\_

Client \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Witness \_\_\_\_\_