

*Richard J. Lally, L.C.S.W., L.L.C.
40 Bloomfield Avenue
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Consent for Disclosure

I, _____ authorize my therapist, Richard J. Lally,
L.C.S.W., L.L.C. to disclose/obtain the following information:

The purpose of this release of information is:

To/from the following:

I understand that if I do not consent, the information sought to be disclosed/obtained will not be disclosed/obtained except as provided by law.

This consent is subject to revocation in writing at any time, but such revocation can have no effect on disclosure previously made. This authorization expires without express revocation one year from the date that appears below.

Signature of Client

Witness

Date
