



# magnolia

counseling group

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
to confer with individual(s) listed below about \_\_\_\_\_.

I understand that this consultation is for the purposes of furthering goals established in counseling and does not involve the release of any written records concerning treatment.

This agreement will terminate when services are no longer being rendered by the  
aforementioned.

I give my permission to consult with:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Position/Relationship*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*