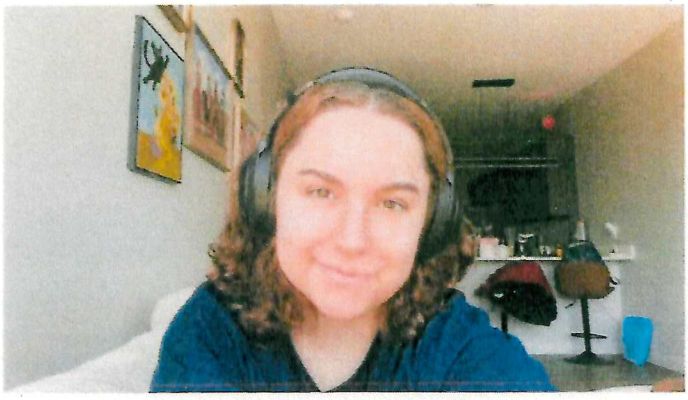


Hi! My name is Erin, and I am currently getting my Master's in Counseling at UND. I grew up in Georgia and received my BA in Psychology from the University of Alabama! I have previously conducted research on language-based skills in early learning environments as well as the effects of ADHD and Anxiety on computerized educational task completion. I am currently working on becoming SPARCS certified and hoping to begin a doctorate program once I graduate from UND. Outside of school/work, I love to go to the gym, read, and spend time with my friends on the weekends! I am always looking for new show/movie recommendations, and I enjoy experimenting with new recipes! I am so excited for the coming school year, and cannot wait to get to know everyone!

Release of Information

In Partnership with UND and Dakota Prairie Schools

_____ _____
(Client Name) (Client DOB)

I, _____, hereby authorize to:

☐ Exchange information with ☐ Receive information from ☐ Disclose information to

_____ _____
(Name of Agency/Person) (Phone)

_____
(Address, City, Zip)

Information to be disclosed:

☐ Psychiatric diagnosis ☐ Treatment Summary ☐ Dates of Treatment
☐ Attendance Information ☐ Initial Treatment Plan ☐ Full Treatment Record
☐ Other:

The purpose of disclosure is for:

☐ Treatment Coordination ☐ Diagnosis/Evaluation ☐ Treatment Planning
☐ Education Planning ☐ Other:

This consent is effective from the date of signing and ends on _____ (not to exceed 1 year). I understand that I may revoke consent at any point within this timeframe by written request except when my therapist has already taken action.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature (if client under 18) Date

_____ _____
Therapist Signature Date