

**Marianne O'Leary, Ph.D.**  
***Licensed Psychologist***

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**CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize  
(client name)

\_\_\_\_\_ (program making disclosure)

to disclose to Dr. Marianne O'Leary the following information: \_\_\_\_\_

\_\_\_\_\_

to be used for the following purpose: \_\_\_\_\_

\_\_\_\_\_

I understand that my records are protected under federal and state confidentiality regulations and cannot be disclosed without my express written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.) and that in any event this consent expires automatically as described below. I understand that the person or agency requesting this information (Dr. O'Leary) may not transfer any information she may receive without obtaining written permission to do so.

Date, event, or condition upon which this consent expires:

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marianne O'Leary, Ph.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date