

**Rena J. Goldin, PsyD, CGT**  
**10 Minell Place**  
**Suite 7**  
**Teaneck, NJ 07666**  
**201-725-7158**  
**NJ License #5191**

## **CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, give consent to Rena Goldin, PsyD,CGT  
(Print Name)

to contact \_\_\_\_\_ to discuss:

\_\_ all issues relevant to my treatment

\_\_ specified information, as detailed below:

I understand my rights with regard to disclosure of information, and I am explicitly giving Rena Goldin, PsyD, CGT permission to share this information. I also understand that I can revoke this permission at any time once I have signed the Revocation Statement below.

CLIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARTNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## **CONSENT FOR RELEASE OF INFORMATION**

### **Revocation of Permission for Consent:**

I no longer give Rena Goldin, PsyD, CGT permission to be in contact with the above individual(s) regarding my treatment.

CLIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARTNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_