

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) William Barber

confirm that (Student's name) Jasmine Moodie

has participated in 5 session(s) with me

(number of sessions)

to fulfill the requirement of _____.

William Barber

Therapist Signature

Date 1/24/20

Student Consent Form

I Jasmine Moodie \ID# 0000114404 give William Barber permission to

(Student Print Name & ID Number)

(Therapist Print Name)

to release to Nyack's Alliance Graduate School of Counseling (AGSC) and Nyack's Alliance Theological Seminary the following information regarding my participation in the "Students in Counseling" requirements in compliance with HIPAA regulations.