

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Katherine Kirby, MHC-LP

confirm that (Student's name) Howard Jang

has participated in 5 session(s) with me

(number of sessions)

to fulfill the requirement of PPTFM.

Katherine Kirby, MHC-LP

Therapist Signature

Date 11/17/20

Student Consent Form

I Howard Jang 113300 give Katherine Kirby, MHC-LP 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.