

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Ariel Ramirez

confirm that (Student's name) Joohee Kim

has participated in 10 session(s) with me

(number of sessions)

to fulfill the requirement of PPTFM Class.



Date 12/09/2020

Therapist Signature

Student Consent Form

I Joohee Kim (0000116423) give Ariel Ramirez 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.