

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Rosemary Basile
confirm that (Student's name) Neddy Sawyer
has participated in 6 session(s) with me
(number of sessions)

to fulfill the requirement of Counseling Compliance

Rosemary Basile
Therapist Signature

Date 4/1/23

Student Consent Form

I _____ give _____ 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.