

Nyack College Counseling Services

Students in Counseling Therapy Compliance Form

I, (Therapist's Name) Paula Maunsell

confirm that (Student's name) Moses (Mr. Eun Choi)

has participated in 6 session(s) with me

(number of sessions)

to fulfill the requirement of PPTFM



Date 4.23.23

Therapist Signature

Student Consent Form

I Moses (Eun Choi) give Paula Maunsell 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.