

PEGGY L. FERGUSON, PH.D.
TOWN CENTER, 116 W. 7TH, SUITE 211
STILLWATER, OK 74074
405-707-9600

RELEASES

I authorize Peggy L. Ferguson, to release to my insurance company any information requested. I understand that this consent is to begin on that date that this agreement is signed and is to be revoked two years from the date signed unless otherwise specified.

I understand that my medical information may include that I have a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, or the human immunodeficiency virus, also known as AIDS. I further understand that my medical information may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.

Client

Parent/guardian

Date signed

Witness