



Cabler Polygraph, LLC

River Oaks Tower
3730 Kirby Dr., 12th Floor
Houston, Texas 77098



Phone: 713-834-1174 stephen@cablerpolygraphllc.com Fax: 832-442-3084

CONSENT TO DISCLOSE POLYGRAPH RESULTS FOR SEXUAL ADDICTION TREATMENT

I, _____, authorize Stephen D. Cabler
(Print your name) *(Cabler Polygraph, LLC)*

to disclose all personal information obtained during my polygraph session, consisting of: Polygraph Examination Results, and all Pre and Post Test Interview information collected to the following persons or agencies:

to : _____
(Therapist/Counselor/Psychologist/Attorney/Agency)

to : _____
(Spouse)

I understand the purpose for disclosing this personal information to the person noted above. I understand that I can refuse to sign this consent form.

Print Name: _____

Signature: _____

Date: _____