Robert Wilkins, MS, LPC, MAC

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Authorization for Release of Information

l, (<u>First/Last Name)</u>			, hereby authorize Robert Wilkins, MS,
LPC (GA.), MAC (NAADAC) <u>t</u> o obtain from or	r to_release to:	
Name or agency providing o	or receiving inform	nation:	
Address			
City			
State			zip
Phone #	Fax#	E-ma	il:
for the period necessary to	complete all trans taken which was	actions related to service	nt. I understand this authorization will remain in effect ces provided for me. I understand that except to the may withdraw this consent at any time. Signature of Client or Authorized person
	Date		Signature of Client or Authorized person
	Date	l	Signature of Witness
	Date	SIGNATURE I	F CLIENT WITHDRAWS CONSENT GIVEN ABOVE
I give my permission for Mr.	Wilkins to contac	ct me at the following nu	imbers and E-Mail address
In the event he cannot reach and/or answering machine.	h me; I give him p	permission to leave a me	essage, for contact purposes, with voicemail, person

If you and your partner decide to have couples therapy, what you have said in individual sessions will be considered to be a part of the couple's therapy, and can and may be discussed in joint sessions. Parameters will be discussed prior to beginning couples sessions.

Be aware that E-mail correspondence is not considered to be a confidential medium of communication

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Complete this form and mail via USPS First Class Mail to: Robert Wilkins