Robin M. Kevles-Necowitz, M. ED., LPC
Licensed Professional Counselor
333 N. Oxford Valley Rd. ● Suite 502 ● Fairless Hills, PA 19030
RobinNecowitz@gmail.com (215) 321-4411

I, _____, give permission to

Robin Kevles-Necowitz, LPC to discuss my treatment with:

Name: _____

Phone: _____

Robin will discuss my presence in treatment, status in treatment and any/all pertinent issues relevant to my treatment. I give full permission to Robin Kevles-Necowitz and above named individual/agency to share information to/from each other for the purposes of continuity of care and to provide a team approach to my treatment.

I understand I can rescind this permission at any time.

_____ _____
Client(s) signature Date

_____ _____
Therapist/Witness Date