

MARTI WIBBELS, M.S., L.M.H.C., P.A.

PALM BEACH COUNSELING

R E L E A S E F O R M

I, _____, hereby authorize Marti Wibbels, M.S., L.M.H.C., P.A. (Palm Beach Counseling) to release information pertaining to my evaluation and/or counseling sessions to:

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

for the purpose of: _____

I understand that authorization shall remain valid from the date of my signature below and for one year thereafter ending on: _____ .

I have been informed that I may revoke this authorization by written or oral communication to Marti Wibbels, M.S., L.M.H.C., P.A. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date