



5720 A Signal Hill Ct.  
Milford, Ohio 45150  
513-831-9408  
513-831-1333 (Fax)  
[www.513ADHD.com](http://www.513ADHD.com)

**David Katkin, M.ED. LPCC**

**Catherine Connor, MA, LPCC**

I \_\_\_\_\_ grant permission for \_\_\_\_\_  
Client (or guardian of client) Name

to release the following information \_\_\_\_\_

to \_\_\_\_\_

Phone/ Fax Number if Applicable \_\_\_\_\_

**I understand this release expires 180 days after signing, but can be revoked prior to its termination date when written notice is provided to this office. I also understand that once information is released, the recipient of my information may be able to re-disclose this information. A copy of this release is available to me upon request.**

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date