| M. Reynolds-Adkins Ph.D |  3 W. Stimson Ave Suite 2 Athens, Ohio 45701 Ph: 740-508-2202 Fax: 833-589-1711 |
| --- | --- |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This memo is to inform you that I am clinically serving your patient. If you have any information that may provide continuity of care, please fax it to the above fax number.

A copy of the Release of information is provided.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I decline the option of informing my Primary Care Physician of my clinical treatment.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warm regards,

M. Reynolds-Adkins Ph.D