Mark Roussel Counselling

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Release of Information Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give Mark Roussel, of Mark Roussel Counselling, permission to discuss with,

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Issues that are important to my ongoing counselling/supervision and confined to their field of interest and or expertise.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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