ODESSA
WELLNESS CENTER
Safe haven on your path to complete health
Heart, Mind, Body & Spirit

Consent for Release of Information

I give my consent for Judy McClung to release information to and/or to receive information from the following persons or organizations.

_____

_____

_____

_____

_____

_____

_____

_____

Signed:

Client: _____ Date: _____

Client: _____ Date: _____

Client: _____ Date: _____

Client: _____ Date: _____

Judy McClung, MA, LMFT
Workshops • Consulting • Psychotherapy

239 South French Broad Avenue, Asheville, NC 28801 (828) 712-3469
Please mail payments to: 103 Waters Edge Drive, Weaverville, NC 28787
www.odessawellness.com