



111 N. WOODLAND DRIVE STE B  
RADCLIFF, KY 40160  
(270) 807-0533

Restore, Recover, Transform, Together!

## Primary Care Physician (PCP) Contact Allowed

By signing this document, I am acknowledging that today, 31:2 Counseling Group, LLC has requested that I sign a release of information to my Physician and/or other medical provider and that I have allowed that request. I understand that 31:2 Counseling Group, LLC will send my medical provider(s) a letter requesting medical records that can benefit my treatment at 31:2 Counseling Group LLC.

\_\_\_\_\_  
Client/Guardian Signature/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Charles Lewis, LCSW (Therapist/Owner)

\_\_\_\_\_  
Date