



# Privacy Release Form |

**Deborah Apter LCSW**

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## Release for information

Permission is hereby given to Deborah Apter, CSW, ACSW, to maintain professional contact with your primary care physician regarding the treatment of  in therapy.

Only information that Ms. Apter determines to be of significant value in order to ensure a treatment plan beneficial to the client will be communicated.

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**Witness**

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**Signature of client**

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**Date**