



Mark Littman, MA, Licensed Professional Counselor

Counseling and Wellness

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**Individual and group counseling
specializing in:
Depressive Disorders
Anxiety Disorders
Adolescents
Families
Parenting
Couples
Mid-Life Crisis Issues
Home visits
Hypnosis for...Unwanted
habits...Anxiety Reduction...
Phobias...Obsessions..and more**

RELEASE OF INFORMATION

I, _____ authorize Mark Littman, MA to release and exchange information with the following individual(s):

Address and phone number of individual if available:

Pertaining to:

For the purpose of

I understand that this authorization shall remain valid from the date of my signature below until the termination of counseling.

I have been informed that I may revoke this authorization by written communication at any time. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date

Signature of Parent/Legal Guardian if client is under 18 years of age.

Mark Littman

Date

