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***Margaret Perlstein, MFT***  
*Adult, Adolescent, and Family Therapy*

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I hereby grant Margaret Perlstein, MFT permission to speak to \_\_\_\_\_ for the purpose of \_\_\_\_\_. I understand that by signing this document, I temporarily allow limited communications about me and my records between Ms. Perlstein and the above-mentioned professional. This release remains in effect for one year from the signature date.

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