



CARELINK  
COUNSELLING  
SERVICES



**RELEASE OF INFORMATION**

PAUL HERSBACH

I, .....  
(name)

of: REDACTED  
REDACTED .....  
(address)

REDACTED  
REDACTED .....  
(telephone number/s)

**AUTHORISE**

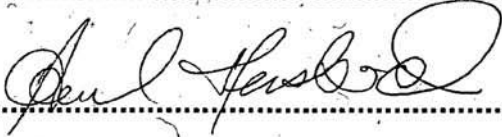
SUSAN SHARKEY

DR. MICHELE PATHE

CARELINK COUNSELLING SERVICES

TO DISCUSS AND RELEASE INFORMATION CONCERNING MY CASE,  
PRESENT AND/OR MANAGEMENT TO :

DR RACHEL MACKENZIE  
.....  
.....

SIGNATURES : .....  


DATE 7.12.06

**Please sign and return to  
Carelink Counselling Services,  
163 Victoria Pde,  
Fitzroy Vic 3065**