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# MESSAGE THERAPY CLIENT TREATMENT FORMS

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The information on this form will be kept confidential except as required by law. Your written permission will be required to release any information. It is important to be accurate so that we can ensure it is safe for you to receive a massage treatment. If your health status or contact information changes in the future, please let us know. Name: Date: Mailing Address: City: Postal Code: Email Addr...

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## ● **13-OCFS-LCM-04,REVISED CLIENT NOTIFICATION FORMS FOR CHILD CARE SUBSIDY**

NEW YORK STATE Andrew M Cuomo OFFICE OF CHILDREN FAMILY SERVICES Gladys Carri n Esq Governor 52 WASHINGTON STREET Commissioner RENNELAER NY 12144 Local Commissioners Memorandum Transmittal 13-OCFS-LCM-04 To Local District Commissioners Director of Services Child Care Unit Supervisors Temporary Assistance Unit Supervisors Issuing Division of Child Care Services Division Office Date March 29 2013 Subject Revised ...

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Carolyn Anthony RMT Tammy Townsend RMT Amy Breese RMT 235 Starwood Dr Unit 3 Guelph ON N1E 7M5 519 763-8855 Fax 519 763-8388 Please be advised the following information is required to ensure the most effective care and treatment plan can be created for you The information on this form will be held in the strictest of confidence and used only for treatment purposes In accordance with provincial privacy...

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