



Pt. Code: \_\_\_\_\_

## Permission Letter

I give permission for Renewed Freedom Center to publish the following in its online newsletter:

my definition of OCD \_\_\_\_\_ Yes \_\_\_\_\_ No

my OCD monster \_\_\_\_\_ Yes \_\_\_\_\_ No

my story about beating the OCD monster \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for Renewed Freedom Center to use:

my real name \_\_\_\_\_ Yes \_\_\_\_\_ No

my real age \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for Renewed Freedom Center to use on Social Media Platforms:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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Patient's Name

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Name of Parent/Guardian (For Patients Under Legal Age of 18)

Relation to patient

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Signature