

Transformational Healing Release of Information

I, _____, authorize Liana Snyder to contact the agency/person listed for the purpose of disclosing the information specified below.

Agency/Person for disclosure:

Name	Phone
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Address

Purpose of disclosure:

Release information/documentation regarding assessment, treatment planning, interventions, and discharge status.

Obtain information/documentation regarding assessment, treatment planning, interventions, and discharge status.

Provide ongoing communication for case management.

I understand that my records are protected and cannot be released without my written consent. This consent may be withdrawn in writing at any time except to the extent that the person or organization which is to make the disclosure has already acted on it. Upon revocation of consent, further release of information is to cease immediately. If not previously revoked, this consent will terminate at discharge of the case.

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Client Signature/Parent or Guardian of minor client	Date
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Witness Signature	Date
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Transformational Healing
3595 S. Town Center Dr.
Las Vegas, NV 89135