



Conscious Coaching & Consulting: Authorization for the Release of Confidential Information

I _____ do hereby consent and authorize Conscious Coaching & Consulting
(Your Name Here)

to release and exchange information and discuss my case with _____

I understand that the information discussed and exchanged will include:

_____. My diagnosis and the symptoms and the history indicating this diagnosis

_____. Treatment recommended for this diagnosis

_____. Discussion and monitoring of possible prescribed medication

_____. Consideration for possible emergency medical attention and procedures

_____. Contact with immediate family members if medically necessary (emergency situation)

_____. Exchange of substance abuse, psychiatric, medical benefits, legal and housing information

I am choosing to sign this release of information form voluntarily and for the purpose specified above.

Client Signature

Print Name

Date

Witness Signature

Conscious Coaching & Consulting

Date