mindfulness counseling

Authorization for Release of Information

I, _____, hereby authorize the release of information

from/to/between (*please circle all that apply)* Mindfulness Counseling Services LLC and

_____

Name

_____

Address

_____

Address

_____

Phone

Specific information to be disclosed:

_____

_____

_____

Reason for disclosure:

_____

_____

_____ _____

Client/Parent/Guardian Signature Date Barbara J. Shaya, LLPC Date