



MIND AND BODY
COUNSELING ASSOCIATES

4600 Kietzke Lane C-129 Reno, NV 89502 Phone: 775-507-7222 Fax: 775-507-7224

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize and request:

To exchange all pertinent clinical information pertaining to me with:

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing the above-named individuals in writing. I further understand that this authorization is valid only for the period of one year from the date of my signature below.

Signature: _____ Date: _____