



For The Love Of Healing
Integrative Energy Healing Center

Clinical Release Form

Your healing sessions are personal and private. As a part of your healing process, however, you may wish and find it helpful for us to exchange information with other services providers or family members of yours. Please complete and sign the form giving us permission.

Your name: _____ I
hereby request and authorize For The Love Of Healing to release any and all
information about me to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

The request and authorization applies to:

Information relating to the following treatment, condition, or dates:

All information

Other

Client's Signature: _____

Date: _____