



## Authorization for Release/Exchange of Information

This form provides your coach with written permission to communicate with other individual providers regarding your treatment (e.g. previous treating therapist/coach, current health care providers, spouse)

Client Name(s):

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Client Date of Birth: \_\_\_\_\_

Release of information from Kim Miller, Trauma Recovery Coach, LLC to Another Person or Party Listed Below I authorize my coach to release/exchange the following information to:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Address: \_\_\_\_\_



Information to be released:

(Please Check)

\_\_\_\_\_ Coaching Notes

\_\_\_\_\_ Intake and History

\_\_\_\_\_ Assessments

\_\_\_\_\_ Other: \_\_\_\_\_

This release will be valid until the termination of treatment or authorization from client to revoke

Expiration date: \_\_\_\_\_

This authorization may be revoked at any time.

Name of Patient, Client or Authorized person (print):

\_\_\_\_\_

Signature of Patient, Client or Authorized person:

\_\_\_\_\_ Date: \_\_\_\_\_