



HEALING REINS

— *growth with unbridled potential* —

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Authorization For Use or Disclosure of Protected Health Information

This authorization permits Dee Clark M.A., License # LF 00002190 to use or disclose information regarding the health and treatment of the named client. The purpose of the use and disclose of the information is to ensure a comprehensive history and treatment plan in the best interest of the client. Any information that is non-relevant to the above purpose is to be maintained as confidential.

I, _____ do hereby provide consent to release information to the following agency/medical practitioner on my behalf:

Consent to Release:

Date: _____ Consent Signature: _____
Client, Parent or Legal