Dave Berman, C.Ht.
Clinical/Medical Hypnosis
695 Pylant Street, Atlanta, GA 30306
Phone: 707-845-3749 • Fax: 1+208-439-1650
dave@manifestpositivity.com • www.ManifestPositivity.com

RELEASE OF INFORMATION

Client Name: _____

Date of Birth: _____

I hereby authorize (Doctor or Therapist) _____ to release/exchange the following information with:

Dave Berman, C.Ht.
695 Pylant Street
Atlanta, GA 30306
707-845-3749

_____

_____

_____

_____

_____

I understand I may revoke consent at any time. Also, I understand that this authorization expires upon fulfillment of the above stated purpose(s) or one year after the signature below, whichever comes first.

Signature of Client _____ Date _____

Signature of Doctor or Therapist _____ Date _____

Please return completed form to Dave Berman, C.Ht. at the address or fax number above.