



Authorization to Release or Exchange Information

Use this form only if you want MindShift to communicate with another person or professional (for example, your doctor or therapist). Signing is voluntary and is not required to receive services.

Client name

Date of birth

Client address

I authorize MindShift Hypnosis + Life Coaching to (check all that apply):

☐ Share information with ☐ Receive information from ☐ Exchange information both ways

Person or organization

Phone

Address

By (check all that apply):

☐ Phone / verbally ☐ In writing ☐ Email

Information that may be shared (be as specific as you like):

Purpose (for example, coordinating support for my goals):

This authorization ends on (date or event)

Your rights

- You may cancel this authorization at any time by telling us in writing. Cancelling does not affect anything shared before we received your notice.
- You may ask to see or copy the information described on this form.
- You do not have to sign this form to receive hypnosis or coaching services.
- Information shared with others may no longer be protected by MindShift once they receive it.

Client signature

Printed name

Date

Parent/guardian signature (if client is under 18)

Printed name

Date