



• 23776 Cody Park Rd, Golden CO 80401, Phone (720) 266-8265 , Fax (999)-999-9999, info@highergroundhealing.org

**AUTHORIZATION CONSENTING TO RELEASE OF INFORMATION**

I, \_\_\_\_\_ authorize Higher Ground Healing to release information, verbally or in writing, related to clinical treatment with the person(s)/entities named below; and/or to receive any relevant information from the person(s)/entities named below:

---

---

---

---

I authorize this/these release(s) for the following reason(s):

---

---

---

---

This consent may be revoked at any time. This consent shall be in effect for three (3) years from the date of the last session, unless revoked or renewed. I acknowledge that I have the authority to authorize such release of information related to the treatment of the person(s)/entities named herein.

**SIGNATURES:**

\_\_\_\_\_ Date

\_\_\_\_\_ Client's or Responsible Party's Signature

If signed by Responsible Party, please state relationship to client and authority to consent

---