



A Worldwide Wellness Center for People and Businesses

Life Coaching • Life Consulting • Life Counseling • Holistic Healing & Bodywork

WELCOME PACKET

Client Consent for Release of Information Form

For Coaching, Consulting, Counseling, Holistic Healing & Bodywork

This form, when completed and signed by you, authorizes Mari Tankenoff, MA, LP, LPCC, CC and/or Scott Bergér, CC, and/or Harmony For Life® to release and/or receive confidential information/records to and/or from the person/people/ organization you designate.

Please print clearly, circle, or write in any specifications. If you are receiving in-person program services/sessions at our New Mexico office location, the witness signatures will take place at that time. Otherwise, we will provide witness signatures upon receipt of your signed, dated, and faxed/mailed forms. We will provide you with final copies for your records. Thank you.

I, _____ for minor: _____
(name of client) (name of minor client, if applicable)

authorize only _____
(name(s) of service provider(s), or Harmony For Life®)

to disclose/receive solely to/from Mari Tankenoff, MA, LP, LPCC, CC &/or Scott Bergér, CC for the purpose of

(referral, consultation, coordinating continuity of care, etc.)

the following information regarding me, my situation, condition, or circumstances as related to my participation in coaching, consulting, counseling, holistic healing & bodywork at Harmony For Life®, or any related care, services, or treatment with any other service providers or professionals, the confidentiality of which is protected by federal and/or state law:

(case/session notes, client/patient history, testing/diagnostic results/impressions/reports, correspondence, etc.)

I understand that I have the right to inspect and copy any written information that is disclosed. This consent is subject to revocation in writing at any time, but such revocation can have no effect on disclosures previously made. In any event, this authorization expires without express revocation upon termination of my participation in programs/services with Mari Tankenoff, MA, LP, LPCC, CC &/or Scott Bergér, CC, and Harmony For Life® or on the date indicated below.

Release expiration date: _____

Signature of client
(or parent/legal guardian of minor client)

Signature of witness
(Mari Tankenoff, MA, LP, LPCC, CC &/or Scott Bergér, CC,
Harmony For Life®)

Date _____

Date _____

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