

## Release of Information

I, \_\_\_\_\_, hereby authorize those parties listed below to exchange pertinent information about me including the proceedings of RIM® sessions and other therapies for the preservation of my safety and the purpose of facilitating my progress.

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
Address	Address
_____	_____
Phone	Phone
_____	_____
Email	Email

I have been informed that I may revoke this authorization by written or oral communication at any time **to** \_\_\_\_\_. I certify that this form has been fully explained to me and that I understand its contents.

_____	_____
Client Signature	Date
_____	_____
Signature of Witness	Date

Cc: \_\_\_\_\_

*Facilitator Name*

Lynn F. Hellerstein

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