

Helene V. Ramos, CHt., RMT
Intuitive Energy Medicine . Reiki Instruction
Hypnotherapy . Dream Healing
Creative inner dialogues via MARI® Mandala, Tarot & Sacred Ritual

Consent for Release of Information

I, (name) _____, of

(Address)

hereby authorize Helene V. Ramos, CHt., RMT to:

a) send _____ the following materials
(Name of Recipient)

_____, for the purpose of

b) contact _____ via phone, fax and/or e-mail for
(Name of Recipient)

the purpose of _____. I specifically give Ms. Ramos permission to discuss her impressions and recommendations with the designated recipient, as she considers appropriate.

I understand that I may inspect any materials sent, and that I may request a copy for which there will be a charge. This consent is subject to revocation in writing by me at any time.

I expressly understand and agree that no liability of any nature shall attach to the attending hypnotherapist, physician, or other clinician or employee in acting upon this authorization and request.

Signed _____ Date _____

Print your name _____

(If applicable) Parent or legal guardian _____

Copies of this consent form must:

- a) be provided to the client
- b) included in the client's record
- c) accompany disclosures