



MIND MATTERS®
HYPNOSIS CENTER, LLC

Release

Client: _____ Date: _____

Two –Way Release of Confidential Information

I, _____, hereby authorize my hypnotist _____ and _____ to release to each other any and/or all medical, psychological or educational information they may have pertaining to me. This authorization for the release of confidential information expires ninety (90) days from the date above. I understand that I may revoke this release at any time on written notice to the parties involved, and the information released prior to the receipt of such notice is not a breach of my right to confidentiality.

One –Way Release of Confidential Information

I _____ hereby authorize my hypnotist _____ to release to _____ the following specific medical, psychological, or educational information he or she may have pertaining to me:

I state that I have examined the records to be released and approve of this release to the party indicated above. This authorization for the release of confidential information expires ninety (90) days from the date above. I understand that I may revoke this release at any time on written notice to the parties involved, and that information released prior to the receipt of such notice is not a breach of my right to confidentiality.

I understand that by authorizing the release of my records to a third party in this way I lose any right to confidentiality or privilege over my records. I understand that by authorizing the release of my records to a third party in this way I create a circumstance where my hypnotist might be required to enter testimony in a court of law regarding me. I understand that by authorizing the release of my records to a third party in this way I create a circumstance where they may reveal the information contained in my records to whomever they wish. I understand that by authorizing the release of my records to a third party in this way I create a circumstance where the records released may be subpoenaed by interested parties to use as evidence in a court of law.

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