



AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

I, _____, do hereby authorize Mischa Bradford, RMT to

(please check all that apply)

exchange written records _____ exchange verbal communication _____

with _____ phone: _____

for the time frame beginning _____ and ending _____.

This communication is

Not limited _____

Limited _____ to the following subjects:

This permission may be revoked at any time. (Please do so in writing.)

Client's signature _____

Guardian's signature (if the client is a minor) _____

Date _____



REVOCATION OF RELEASE/EXCHANGE OF INFORMATION

I, _____, do hereby revoke my consent for
release or exchange of records between Mischa Bradford, RMT and

_____.

Client's signature _____

Date _____

