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I, _____, give permission for _____
to discuss the details of my sessions with her with _____.
I understand that this is for my benefit and well-being and they will treat the shared information
with the utmost confidence and respect.

Name: (Print) _____ Date: _____

Signature: _____

Limitations or comments: _____

Signature - Amber Stricklin, CH

Signature - (other practitioner)