

Transformative Energies, LLC
262 East 3900 South, Suite 126
Salt Lake City, UT. 84107
801-259-8909

Today's Date: _____

Authorization for Release of Information and Consent

I (name): _____ Born (birthdate): _____

Hereby authorize my mental health professional (their name): _____

Or mental healthcare agency (agency's name): _____

Located at (mental health provider's address): _____

City: _____ State: _____ Zipcode: _____

Who can be reached at (professional or agency's phone): _____

To provide Michael King L.M.T of Transformative Energies, LLC with a recommendation from the above Psychologist and/or Counselor to complement my therapy with Neuro-Energy Kinesiology, a psychosomatic bodywork technique. I here by give permission for my therapist to provide the following information:

1. What specific issue(s) need additional support? _____

2. How long has the specific issue(s) been discussed? What is the motivation for referring the client at this stage of their therapy? _____

In consideration of this consent, I hereby give permission for the above parties to collaborate and exchange confidential and professional information. Furthermore, I release the above parties from any and all liability arising there from.

Client or Guardian signature: _____ Date: _____

Mental health provider signature: _____ Date: _____