

Allmond Wellness³₇

Integrative Health Coaching
225 Genesee St, Chittenango, NY 13037
315-510-2006

Authorization to Release Client Information

By signing below, I am authorizing Allmond Wellness to **release** my information to or **obtain** my information from:

Name of person or organization: _____

Address: _____

Phone number: _____

Relationship to client: _____

Any limitations on this exchange? _____

This authorization will expire once you are no longer a client at Allmond Wellness or at any other time that you send written request to

Client signature: _____

Witness signature: _____

Date: _____