



Client Release of Information Form

I, _____

(Client Name)

authorize Encircle Hypnosis and my hypnotist / hypnotherapist,
Karla Kelpin, to discuss my hypnosis / hypnotherapy sessions with

_____.

(Name of Professional)

My hypnotist / hypnotherapist has my permission to discuss the following items with the
above-mentioned professional:

___ All aspects of the hypnotherapy sessions

___ Some of aspects of the session, specified as follows:

I understand that in order to revoke this release I must provide that request in writing.

Signed:

Signed:

Client

Parent/Guardian

(If client is a minor)

Printed Name

Printed Name

Date

Date