ELBOW TREE
christian counseling | neurofeedback

3069 S. Broad St. #7d - Chattanooga, TN 37408 - 423.517.7070 - www.elbowtree.com

Authorization for Release of Information

I, _____, authorize Michelle Rowe, M.A. to:
(patient or guardian)

_____ provide information as indicated: _____

_____ exchange information as indicated: _____

_____ receive information as indicated: _____

regarding _____ treatment and status to/with/from:
(patient's name) (circle)

Name:_____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

I understand that I may revoke this consent at any time by written request to the authorized person. The revocation is effective on the date the request is received and placed in the medical record.

Patient's DOB___/___/___ and SS#:_____

_____ _____

Signature Date Witness Date
(Patient or Guardian)