Authorization for Release of Information and Records

Lisa Rosof, MA, C-IAYT. Psycho-Educational Consultant/Yoga Therapist
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843-504-1057

I have been informed that under North Carolina State law, communication between a client and his/her therapist is privileged and may not be disclosed by the therapist unless the client consents. I have also been informed that client records maintained by a therapist may not be disclosed to third parties except with the client's consent or through legal process.

I hereby authorize my psycho-educational yoga therapist/consultant Lisa Rosof, MA, to disclose, release, and/or obtain records to/from:

_____My Primary Care Physician_____

_____Other healthcare provider_____

____My family members as listed_____

____My Lawyer_____

____My previous therapist_____

____My Insurance Company _____

____Other_____

This authorization is only for the limited purpose of releasing information to and discussing my case with these individuals or companies for purposes of evaluation and treatment. It shall not be deemed a waiver of any privileged communications or confidential information.

This authorization shall remain in effect until revoked by me in writing.

This_____day of _____, _____

_____
Client Signature