

TAHOE HEALTH TOUCH
Rosemary Manning, M.A.
3121 Harrison Ave.
P.O. Box 13855
South Lake Tahoe, CA 96151
(530) 541-6565
rev. 01/2014

CONSENT TO RELEASE INFORMATION

I, _____,
printed name of client

authorize Rosemary Manning of Tahoe Health Touch and my health
professional, _____,
printed name of health professional

to discuss and correspond about my medical status as it pertains to
providing me with safe, effective and coordinated wellness and stress
reduction protocols.

I understand that my records, in whole or in part, may be used in this process,
and that any discussion/correspondence will be confined to those medical
conditions which may be affected by my sessions with Rosemary. This consent
will be in effect for one year from the date listed below.

signature of client

date