

## CLIENT CONSENT/RELEASE INFORMATION EXCHANGE

As a client of a practitioner at ADAGIO HOLISTIC THERAPIES, LLC, If you would like to give us permission to speak about your case with your other practitioners please sign below.

If you are seeing a practitioner and would like your practitioner(s) to share information, which may assist them in treating you more completely, please read the following, check your preference, and sign below.

\_\_\_\_\_ by checking here **I DO AGREE** to the following:

I, \_\_\_\_\_ (print your name) would like the practitioner(s) \_\_\_\_\_ of \_\_\_\_\_ and the practitioner(s) \_\_\_\_\_ at ADAGIO HOLISTIC THERAPIES, LLC to share any information they deem helpful to my treatment. This may include but is not limited to: file information, treatments, findings, response to treatments and recommendations.

\_\_\_\_\_ by checking here **I DO NOT AGREE** or want my files or information shared with the other practitioner(s) and will share my information with them individually.

I understand that I can change my mind at anytime by signing a new form. I agree that this content will remain in effect until I provide written revocation to ADAGIO HOLISTIC THERAPIES, LLC.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

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