



Living Intuitive Counseling
Teresa Robertson RN,CNM-ret, MS

Authorization to Release / Discuss Medical / Care Information Client:

Client:

I hereby authorize Teresa Robertson, RN, CNM,-ret MS to release and/or discuss information regarding my treatment/medical care with her, with my other care providers.

I hereby hold harmless Teresa Robertson, RN, CNM-ret MS, Birth Intuitive, and any of her employees and associates for any and all results which may occur due to the release and/or discussion of my medical care/treatment with my other health care providers.

Care provider(s) to release/discuss information with: -

Client Signature: Date: _____

Witness Signature: Date: _____