



Green Door

•therapy that puts you back in control•

Authorization to Release Information

Client's name: _____ CPR: _____

I authorize Meghna Sckerl to release and/or exchange information with:

(name & phone number)

I understand, and agree, that this Authorization will be valid and in effect for a year upon signature of this document. I understand that after that date, no more information can be used, exchanged, or released to the person or organization unless I sign a new Authorization.

I understand that I can revoke this authorization at any time per my written request.

Printed Name:

Signature & Date