



BELOVED
SPIRIT
LLC

42977 Seven Mile
Northville, MI
48167



LAURA
DAVIDSON

CONSENT TO RELEASE INFORMATION FORM

CONSENT TO RELEASE INFORMATION

I, (client's name or parent/ guardian's) _____,

authorize Laura Davidson of Beloved Spirit, LLC

to release information in my treatment records. This information is to be released to

(practitioner's name) _____

at (address) _____

This consent is effective as of the date below, and it may be revoked by the signer at any time through written notice to Laura Davidson of Beloved Spirit, LLC

Signed _____ Date _____

Signature of parent or guardian if client is a minor:

Client's Name _____

Parent/Guardian _____

Date _____