



PURA VIDA HEALTHCARE
Your Mind-Body Connection

Thriving: Therapy & Yoga
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, with my signature below, give authorization for Shelley Nielsen, LCSW of Thriving Therapy & Yoga to discuss information relevant to my case with the below named person:

Name: _____

Company: _____

Address: _____

Telephone: _____

Email: _____

The information discussed is to be limited to:

This authorization is valid from the date of authorization until termination of treatment with Shelley Nielsen, LCSW unless otherwise indicated.

Client Signature

Date

Guardian for minor

Date

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