



Release Of Information

CLIENT'S NAME: _____

DATE OF BIRTH: _____

I HEREBY AUTHORIZE MY LIFE COACH, ARLENE SCHNEIDER, TO DISCLOSE INFORMATION PERTAINING TO MY PARTICIPATION IN COACHING SESSIONS AND RELATED PROGRESS TO:

I UNDERSTAND THAT IF MY COACH FEELS THAT I AM IN DANGER OF HURTING MYSELF OR OTHERS, MY COACH WILL IS AUTHORIZED TO DISCLOSE THAT INFORMATION TO MY FAMILY AND/OR AUTHORITIES IF DEEMED APPROPRIATE BY MY COACH.

THIS RELEASE OF INFORMATION WILL REMAIN IN EFFECT UNTIL TERMINATED BY ME IN WRITING.

CLIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

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