

Foundations Hypnosis Seattle ~ Bellevue
(206) 417-4900
DLScott CtHA, AASD, SUDP, Certified Life Coach,
Clinical Hypnotherapist, Certified Hypnoanesthesiologist

Release / Authorization Form

Client confidentiality is guaranteed and information will be released ONLY to the below named person(s).

I, _____, authorize D.L. Scott CH.t , CLC, AASD,
(print name)

SUDP, to release information obtained through hypnosis sessions to

(print name(s)) _____.

Client Signature _____

Date _____

Witness _____

Date _____