



Power of the Mind Holistic Healing

Counseling, Hypnotherapy, Mediation, Scenar® Therapy (pain), Tuning Fork Cymatic Therapy, WC™ Laser Therapy, Transcutaneous Acupuncture™, Life Coaching, Acupressure, Electronic Acupuncture Relcor®, Essential Oils, Skype/Phone Therapy, EFT, Chakra & Energy Healing, BIO-Energy Mat Photonic, PEMF, Infrared Therapy, Time Line Therapy, Neural Efficiency Optimizer, Transcranial Therapy, Neurotherapy and supplements

Dr. Sharon A. Jackson, Ph.D., MHT

Metaphysician, Counseling Psychologist, Certified Clinical Hypnotherapist, Holistic Practitioner
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CONSENT TO RELEASE INFORMATION

Patient Name: _____ Date of Birth _____

This consent to release information authorizes information from my records (or my child's records) and may be shared between Holistic Health & Healing, Power of the Mind Healing Center, Healing Light Ministries, Dr. Sharon Jackson, Therapist

And, the agency/school listed below.

I give permission to Holistic Health & Healing - Power of the Mind Healing Center and the agency/school listed below to share the following information:

_____ Educational _____ Psychiatric
_____ Medical _____ Social
_____ Psychological _____ Psychometric

I understand that this authorization can be cancelled at any time. I also understand that this information may not be released to any other person or organization without my permission in writing. A photocopy of this authorization shall be considered valid.

Agency or School Name

Individual

Street Address

Date

City/State Zip

Witness (counselor)

Signature of Client/Parent/Guardian

Printed Name of Client/Parent/Guardian