



# POWER OF THE MIND® HEALING CENTER

Counseling, Hypnotherapy, Scenar® Therapy, Chakras  
Tuning Fork Cymatic Therapy, Essential Oils and Energy Healing

For a Healthy Body, Mind, and Soul

*In Association with Healing Light Ministries*

## **Dr. Sharon A. Jackson, Ph.D.**

Metaphysician, Counseling Psychologist, Certified Clinical Hypnotherapist  
103 South 3rd Street, Suite 102, Ozark, Missouri 65721  
(417) 773-2524 email: powerofthemind@me.com Website: [www.Powersofthemind.org](http://www.Powersofthemind.org)

### CONSENT TO RELEASE INFORMATION

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

And, the agency/school listed below.

I give permission to Hypnosis Motivation Institute 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