

Center for Body, Movement and Mindfulness-based Therapy
Victoria Eisner, M.A., ADTR, NCC
5710 Newbury Street
Mt. Washington Village
Baltimore, MD 21209

Coordination of Care Release

I, _____, hereby give my permission to have
Victoria Eisner, M.A., ADTR, NCC release/receive information to/from:

Please include name, address, phone and fax of above listed care providers.

Patient's Name _____
Patient's Date of Birth _____
Address of Patient _____

The specific information to be disclosed includes dates of treatment, diagnosis, treatment plan, treatment progress, psychological evaluation and medical evaluation.

I understand that I have the right to inspect the information to be disclosed, that the refusal to consent to the release means no information will be given and this consent may be revoked at any time prior to the information being sent.

Signature of Patient _____

Signature of Parent or Guardian _____

Witness _____

Date of Consent _____

