

BHRAMARI SEATTLE PLLC

YOGA & WELLNESS

Melissa Myers, M.A., LMHCA, RYT - 200
5340 Ballard Ave NW, Seattle, WA 98107
www.bhramariseattle.com

Release of Information Form

I, _____ give my permission for
Bhramari Seattle, PLLC to obtain/release information regarding my care, focus of treatment, and
presenting issues between the following parties:

(Care Provider)

(Bhramari Seattle, PLLC - Melissa Myers, MA, LMCHA, RYT)

Release of Information will remain valid for up to twelve months from date of signature, unless otherwise specified.

Signed:

(Client Signature)

Witnessed by:

(Melissa Myers, MA., LMCHA, RYT)

This release is valid from _____ to _____
(today's date) (one year from now)

Client Signature

Date

Melissa Myers, MA., LMHCA, RYT

Date

Other permitted Uses and Disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke this authorization at ANYTIME unless I have taken action in reliance on the use or disclosure indicated in the authorization.

Please note that by signing this document you are acknowledging that you have received or have been given an opportunity to receive a copy of the HIPAA Notice of Privacy Practices. This Notice is effective July 1, 2018.