

**Joan Furman, MSN, RN, AHN-BC, CET III**

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**Consent to Release Information About Your Care**

I, \_\_\_\_\_ give Joan Furman, MSN, AHN-BC, CET III

permission to communicate with,

\_\_\_\_\_ ( name)

about my care related to participation in individual counseling, couples counseling or an Experiential Therapy Group. The detailed record will not be released. I am agreeing only to release a summary and dates of service.

The released information should be shared with (contact information):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Your signature: \_\_\_\_\_

Print your name: \_\_\_\_\_

Date: \_\_\_\_\_