Release of Information
for:

Jayson L. Graves, M.MFT - Psychotherapist
Healing for the Soul
POB 25314
Colorado Springs, CO 80936

I, _____(client's printed name) give permission for Jayson Graves, Healing for the Soul and all its agents to communicate with the following person(s) regarding the confidential information of our therapeutic relationship:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the information shared and gained about me, my therapy and all other personal information will remain confidential within these relationships and is still governed by all applicable confidentiality laws of my state and the State of Colorado.

_____
Client's signature Print name

_____
Client's signature Print name

_____
Date

(**Please fax to Healing for the Soul: 303-997-1441**)