



Authorization to Release Information Form

I, _____ [Client's Name],
hereby authorize [**Registered Massage Therapist (RMT)**] to release the
following health and treatment-related information:

Entire file or Treatment notes from _____ to _____
Date Date

to: _____

[Third party]

I hereby release and discharge [Registered Massage Therapist] from any claim
whatsoever relating to this authorization.

Client's signature

Date