

Release of Information Form

I, \_\_\_\_\_, grant permission for Julie Bittel, a  
massage therapist, to provide or exchange information with:

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Regarding the following conditions:

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For the dates of service: \_\_\_\_\_ through: \_\_\_\_\_

This permission may be revoked at any time either verbally or in writing.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_