



FOXHOLE
STRATEGIC LIFE COACHING

3069 S. Broad St. #7d - Chattanooga, TN 37408 - 423.517.7070 - www.foxholeslc.com

Authorization for Release of Information

I, _____, authorize Hayne Steen to:
(client or guardian)

_____ provide information as indicated: _____

_____ exchange information as indicated: _____

_____ receive information as indicated: _____

regarding _____ progress and status to/with/from:
(client's name) (circle)

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

I understand that I may revoke this consent at any time by written request to the authorized person. The revocation is effective on the date the request is received and placed in the client record.

Client's DOB ___/___/___ and SS#: _____

Signature Date
(Client or Guardian)

Witness Date