



**A Mindful Course™
Chris L. Johnson, PsyD.**

CONSENT FOR RELEASE OF INFORMATION

I authorize the release of information concerning my care in A Mindful Course™, taught by Chris L. Johnson, PsyD., to my physician or mental health provider.

Provider

Addresss

City

State

Phone

Date

Please Print Name

Time

Client's Signature

Witness

**Parent of Legal Guardian
(If a minor)**