



Gia Vajrini Buonaguro, MFT
PSYCHOTHERAPY • EMDR • FLOWER ESSENCES ASTROLOGY

Release of Information:

I / We hereby authorize an exchange and/or release of clinical information between Gia Buonaguro, MFT
and

Name of Therapist/Hospital/Clinic/Doctor etc

Street Address

City, State

Zip

Phone/Fax/Email

This agreement shall be valid from (usually 1 year)

----- to -----

Gia Buonaguro, MFT guarantees that she will observe the rules of confidentiality regarding any information, written or verbal that is received under this agreement. Also, a photocopy or fax of this agreement shall be considered effective and valid as an original.

Name (printed)

Signature

Date

Name (printed)

Signature

Date