



David deBardelaben-Phillips, MEd, BBA  
 Advanced Core Energetics & Reiki Practitioner  
 Certified Imago Relationship Facilitator  
 36200 West Shore Parkway  
 North Ridgeville, OH 44039  
 216-544-9472  
 david@energeticawakenings.com

## Consent to Confer with Other Professionals

I, \_\_\_\_\_  
 (*Please print your name and date of birth*), am completing this form in order to allow and authorize David deBardelaben-Phillips to contact, discuss my treatment with, and / or release information to:

### PROVIDER 1

(please print provider name clearly)	(print the business / practice name)
Phone	Email

### PROVIDER 2

(please print provider name clearly)	(print the business / practice name)
Phone	Email

Please list any restrictions of what you authorize to be released if any.


I understand that this authorization is being given for the sole purpose of continuity of care and that I have a right to revoke this permission at any time and that my refusal to sign will not in any way affect my ability to obtain treatment from David deBardelaben-Phillips.

\_\_\_\_\_  
 Signature of client

\_\_\_\_\_  
 Date