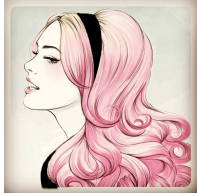


RELEASE OF INFORMATION (ROI)

Spirit and Logic, Inc.™

Person-Centered Counseling and Life Coaching



Chera Sabankaya, WPATH Listed Provider Transgender Therapist

National Certified Counselor #284936 Registered Oregon Licensed Professional Counselor Intern #R2447

Registered California Professional Clinical Counselor Intern #PCI 65

Mailing Address/CA Office: 12125 North Old Stage Road, Weed, California 96094

OR Office: 320 East Main Street, Suite #211, Ashland, Oregon 97520;

Confidential Cell w/Voicemail & Texting: (530) 859-3155

Toll Free: (888) 889-3125 Confidential Fax: (888) 231-3855 Email: Chera@spiritandlogic.org

I, _____
(Print Client's Name and/or Legal Guardian)

Client's Date of Birth: _____

(Client's Name if signed by Legal Guardian)

(Relationship to Client)

hereby authorize Chera Sabankaya of Spirit and Logic, Inc. to:

release information to receive information from **the following person(s) or organization:**

(Person(s)/Organization)

(Telephone Number)

(Address)

(Fax)

(Email Address)

I understand that the purpose of the disclosure is to:

Comply with client's request Coordinate treatment Other _____

The information to be disclosed includes:

- All mental health records All medical records Other _____
- Progress in treatment Attendance Participation Diagnoses Evaluations Treatment Plan
- Assignment completion Alcohol and/or drug addiction treatment All Pertinent Information

I understand that I may revoke, in writing, this authorization at any time, except to the extent that action has already been taken in reliance on it. I understand that this information may be re-disclosed by the recipient and at that time would no longer be protected by the original disclosing person or organization. I agree that a photocopy or facsimile of this authorization is as valid as an original. This authorization for release of information will expire on:

One year after the date it was signed Other _____

(Printed Name of Client/Legal Guardian)

(Signature of Client/Legal Guardian)

(Date Signed)

(Printed Name of Witness, if available)

(Signature of Witness)

(Date Signed)