AUTHORIZATION TO EXCHANGE INFORMATION

I, _____ , authorize my coach, _____, to exchange

Information with the following professional(s):

PROF. NAME	ROLE/TITLE	ORGANIZATION	PHONE/EMAIL

SCOPE OF INFORMATION SHARING

□ General coaching progress updates

□ Specific Topics (Please list):_____

□ Coordination of care and referrals

□ Other: _____

DURATION OF AUTHORIZATION

□ For the duration of the coaching relationship

□ Until this date:_____

□ Until revoked in writing

I understand that I may revoke this authorization at any time by notifying my coach in writing.

_____

_____

Signature of coaching client Date