

# Healing Heart Center

12520 High Bluff Drive • Suite 355 • San Diego, CA • 92130  
(858) 481-8810 • (858) 481-8816 FAX

## Authorization to Release Information

Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ Name  
\_\_\_\_\_ Address  
\_\_\_\_\_ Phone

to release and receive information regarding \_\_\_\_\_

to/from Sage de Beixedon Breslin, Ph.D. Practitioner name  
Healing Heart Center Agency name  
990 Highland Dr., Suite 100 Work address  
Solana Beach, CA 92075  
858-481-8810

The following is/are included:

\_\_\_\_\_ treatment dates/duration  
\_\_\_\_\_ case summary  
\_\_\_\_\_ case notes  
\_\_\_\_\_ testing results  
\_\_\_\_\_ testing data  
\_\_\_\_\_ medication information/summary  
\_\_\_\_\_ other: \_\_\_\_\_

Patient name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

*This authorization expires one year from date of signature. Please initial here \_\_\_\_\_*