



## DISCUSSION OF CARE

I, \_\_\_\_\_, give permission for the staff of

The Balanced Living Center, LLC to discuss my care with:

Spouse: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Sibling: \_\_\_\_\_

Other: \_\_\_\_\_

This may be changed at any time with notification in writing.

\_\_\_\_\_  
(Client Name)

\_\_\_\_\_  
(Date)