



MONTEREY BAY
NEUROFEEDBACK CENTER

Training and Rebalancing the Brain ■ montereybayneurofeedback.com

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RELEASE OF INFORMATION

I hereby give permission for Dr. Richard Vieille to exchange information with:

regarding my case. The information to be exchanged will be _____

This release will be valid for one year if left unspecified, or until the following date: _____

Print name _____

Signature _____ Date _____

Print name _____

Signature _____ Date _____

Signature of Guardian _____

Client _____ Date _____

Richard C. Vieille, Ph.D _____ Date _____