



**LIVING ROOM  
YOGA**

*Your Place For Yoga Therapy & Healing*

Yoga Therapy • Yoga Classes • Yoga Teacher Training • Hypnosis  
Cranial Sacral Therapy • Massage Therapy • The Feldenkrais Method

8424 4th Street North, Suite G • St. Petersburg, FL 33702  
(727) 826-4754 • [www.livingroomyoga.biz](http://www.livingroomyoga.biz)

## Living Room Yoga HIPAA Authorization Form

I understand that Living Room Yoga will not disclose my personal information, including medical history or treatment information, with any individual or institution without my written consent, with the exception of being processed by Living Room Yoga office staff.

In order to better serve your needs, we would like to have your permission to discuss your diagnosis with the physician and rehabilitation professional involved in your care. Please initial below to indicate the professionals with whom you will allow us to share your information.

\_\_\_\_\_ None (please initial if you do not wish for us to share your information with anyone)

\_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

You may refuse to sign this authorization. Your refusal will not affect your treatment in any way.

You may inspect or copy the protected health information to be used or disclosed under this authorization.

Finally, you may revoke this authorization at anytime in writing to:

Living Room Yoga, LLC  
8424 4th St. N, Suite G  
St. Petersburg, FL 33702

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date