



p. 720.420.0276
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AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Client Name: _____

Date of Birth: _____ SSN: _____

Specific information to be released:

Mental Health treatment and documentation including: initial evaluation, social history, diagnosis, discharge summary

Psychological Evaluation and testing summaries

Family / Marital Therapy information

Other (specify): _____

I hereby authorize Denver Counseling Group, LLC to:

Release the information / records indicated above to:

Obtain the information / records indicated above from:

Name: _____ Phone: _____ Fax: _____

Address: _____

City, state, zip: _____

For the purpose(s) of:

Verbal communication Case management / service coordination

Insurance Authorization Other

(specify): _____

I certify that this authorization has been signed voluntarily and I understand that receiving treatment services is not contingent upon my signature. I understand that I may revoke this consent in writing at any time except to the extent that action has already been taken. Without my written revocation, this authorization will expire on: _____ or one year from the date of this signed document, whichever is sooner. A copy of fax of this authorization will be considered the same as the original.

I understand that the records of any individuals listed above are protected under federal and state confidentiality regulations. This information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations.

I have read the above and understand the terms and conditions of this authorization. I release Dance for the Soul, Inc and the named individual from any liability in complying with this authorization.

Client or authorized representative / relation to client

Date

Witness

Date

Signature & date to Extend or Revoke

Witness signature & date

Notice to Recipient: This information has been disclosed to you from records that are protected by state and federal laws. Regulations prohibit further disclosure without written authorization of the person to whom it pertains.