

**Authorization for Disclosure of Protected Health Information &
Request for Confidential Communication**

I, _____, born _____ hereby authorize
(Name of client) (Clients DOB)

Christensen Counseling, LLC 1545 Glencoe St., A. Denver, CO 80220

AND _____
Name of Agency Address City, State Zip

Contact Person

To Release the Following Information (Check ALL that apply):

- Summary of Progress
- Evaluation/Assessment
- Attendance/Participation Progress
- Billing Information/Service Plan
- Termination Summary
- Other

For the Purpose of:

- Treatment (Internal & External)
- Operations (Administrative)
- Payment (Reimbursement)
- Other

For the periods of treatment:

- All Treatment Episodes
- Current Treatment Episodes
- Specific Treatment Episode: Begin Date: _____ End Date: _____

If the purpose of the disclosure is marked as "Other" whether or not Treatment, Payment or Operations are checked, then this is HIPAA Compliant Authorization and Christensen Counseling, LLC must provide me a copy.

I understand that my records or those of the individual listed above are protected under state and federal Mental Health confidentiality regulations including 42 CFR part @. Information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release form may be sent to the agencies and persons identified above. Copies of this form may be used in lieu of the original.

I understand there is potential for information disclosed as a result of this release/authorization to be re-disclosed by the recipient and therefore no longer protected by the HIPAA Privacy regulations. I understand that I may revoke this consent at any time except to the extent that action has been taken based upon it. This consent expires and cannot be used past the indicated date or event.

Expiration Date: _____
NOT more than one year.

X

Client(s) Signature

Today's Date:

Legal Guardian or Authorized Representative

Relationship

Date

**If client is under the age of 18, Guardian consent is required.*