**Authorization for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Susan Rosenberg, Psy.D and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client Name

 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to exchange information.

 Telephone

The type of information to be disclosed:

Evaluations \_\_\_ Psychological Test Results \_\_\_

Diagnosis \_\_\_ Psychotherapy Notes \_\_\_

Treatment Plan \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

The purpose of such disclosure:

Ongoing Treatment \_\_\_ Consultation \_\_\_

Evaluation \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

Coordination of Care \_\_\_

Exceptions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The designated information about me may ( ) may not ( ) be transmitted by fax, e-mail or other electronic file transfer mechanisms. Susan Rosenberg, Psy.D and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may ( ) may not ( ) discuss by telephone the content of the information released. Name

The consent is in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that I may revoke this authorization, in writing, at any time unless action based on it has already take place.

I understand that my communications in therapy are protected under federal and state confidentiality regulations and cannot be disclosed without my written authorization. The information provided by a client during therapy sessions is legally confidential in the case of licensed psychologists, except as provided in section 12.43.218 CRS and except for certain legal exceptions. In general, these exceptions pertain to matters of danger to self or others, and to assault or neglect of children.

I further understand that the potential exists for re-disclosure of my private mental health information, and that it may no longer be protected under the HIPAA privacy regulations.

This is to certify that I have given consent freely and voluntarily, and that the benefits and disadvantages of releasing the information, if known, have been explained to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Client