

LifeWay Counseling, LLC - Karen Nadon, MA, LPC

RELEASE OF INFORMATION

1517 Blake, #203, Glenwood Springs, CO 81601 – PH: 970.945.9841 – FAX: 970.945.2662

1. I, _____, authorize Karen Nadon, MA, LPC of LifeWay Counseling, LLC,
2. To: _____ release
_____ request
3. Confidential information regarding: _____ myself
_____ my child (list names)

4. If confidential information regarding a child is to be exchanged, I certify that I am the child's _____ Parent or Legal Guardian
5. Information is to be exchanged with:
 - a. Name _____
 - b. Address _____

 - c. Phone _____
 - d. Fax _____
6. The information to be exchanged includes (check all that apply):

_____ Mental health records (requires youth signature age 15 and over)	_____ Treatment summary
_____ Medical/Medication information	_____ Legal information
_____ School records/education history	_____ Assessment/diagnosis
_____ Progress notes	_____ Custody/visitation records
_____ Evaluation/psychological testing	_____ HIV/aids information
_____ Substance use/abuse information	
_____ Other (specify) _____	
7. The disclosed information will be used for the following:

_____ Treatment planning	_____ Evaluation purposes
_____ Continuity of care	_____ Case planning
_____ Other (specify) _____	
8. I understand that information released may be in written, verbal, or electronic form. I understand that I may refuse to sign this authorization. There is no guarantee that recipients of the information disclosed through this authorization will not re-disclose to another party. Except in situations legally required or permitted, information about me cannot be disclosed to other persons or agencies without my written permission. I understand that I may cancel this authorization at any time by giving written notice. I understand that information exchanged prior to cancellation is excepted.
9. This consent expires on _____
(mo/day/yr)
10. _____ (signature) _____ (date)

(signature of youth if 15 or older) _____ (date)