

Elliant Counseling Services

7500 E. Arapahoe Road. Suite 295
Centennial, CO 80112
720-883-1480

RELEASE / To / From / Between the following

Name	Name
Center/ Agency	Center / Agency
Phone / Fax	Phone / Fax

The information listed below contained in the record of:

I request and authorize the above-named therapist to release/request information specified below to the organization, agency, or individual on this request. I understand that the information to be released includes verbal and/or written information regarding the following condition(s):

Psychological or Psychiatric Conditions

Substance Abuse

INFORMATION REQUESTED:

I authorize the following information to be released:

Discharge Summary

Educational Information

Psychiatric History & Assessment

Status of Attendance & Involvement in Treatment

Psychological Testing

Medications, Prescriptions, & Diagnostic Info.

Social History Summary

Medical History & Physical Exam

Treatment Plan, Goals, and Objectives

Final Diagnosis

Other (List) _____

PURPOSES:

I understand that this information will be used for:

Purposes of further evaluation

Other _____

AUTHORIZATION:

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. REDISCLOSURE OF MY RECORDS BY THOSE RECEIVING THIS AUTHORIZATION IS PROHIBITED. I hereby release both of the above parties from any liabilities which may result from furnishing the information released or requested. Without my expressed revocation, this consent will automatically expire 60 days from the dates signed below.

OTHER CONDITIONS:

A copy of this authorization or my signature thereon may be utilized with the same effectiveness as an original.

X _____
Signature of Client Date

X _____
Signature of Witness / Parent (if applicable) Date

(Parental signature required for clients under the age of 15. For clients age 16-17, both client and parent signatures are required.)