

Boulder Psychotherapy LLC | Christine Talaga Morgan LPC
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303-775-1300

Authorization for Release / Request /Exchange of Information

I authorize Christine Talaga Morgan LPC to release, request, exchange information in either written or verbal form regarding:

Patient's Name _____
Date of Birth

To/From/With: _____
Name of Person/Organization

Address

Phone Fax

I understand that the information to be released includes information regarding:

- Diagnosis
- Treatment Plans (limited information)
- Psychiatric Records
- Psychological Assessments
- Drug/Alcohol Abuse
- Insurance/Billing
- Other _____

Dates Covered:

- All admissions / Courses of treatment
- From _____ until _____
- Limited to dates and conditions described: _____

Purpose of Use of Information to be Released

- Treatment Payment Operations The Release of Psychotherapy Notes Other

I certify that this request has been made voluntarily. I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in compliance with this authorization. This authorization will automatically expire three months after termination of services with this therapist. I hereby release both of the above parties from any liability which may result from furnishing the information released, requested or exchanged.

Client Signature

Date