*StillWater Counseling* ***Important Client Information – Please Read Carefully***

1. Grand avenue 🙞 Glenwood Springs, CO 81601 🙞 (970) 456-9238

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Wendy Caldwell, MA, CAC II Kenny Hamburg,

 SSIC, CAC II.

 To: \_\_\_\_\_\_ release

\_\_\_\_\_\_ request

1. Confidential information regarding: \_\_\_\_\_\_\_ myself

\_\_\_\_\_\_\_ my child (list names)

1. If confidential information regarding a child is to be exchanged, I certify that I am the child’s \_\_\_\_\_ Parent or Legal Guardian
2. Information is to be exchanged with:
	1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The information to be exchanged includes (check all that apply:

\_\_\_\_ Mental health records (requires youth signature age 15 and over)

\_\_\_\_ Medical/Medication information \_\_\_\_ Treatment summary

\_\_\_\_ School records/education history \_\_\_\_ Legal information

\_\_\_\_ Progress notes \_\_\_\_ Assessment/diagnosis

\_\_\_\_ Evaluation/psychological testing \_\_\_\_ Custody/visitation records

\_\_\_\_ Substance use/abuse information \_\_\_\_ HIV/aids information

\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The disclosed information will be used for the following:

\_\_\_\_ Treatment planning \_\_\_\_ Evaluation purposes

\_\_\_\_ Continuity of care \_\_\_\_ Case planning

\_\_\_\_ Other (specify)

1. 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.
2. This consent expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mo/day/yr)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (date)

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

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