

Authorization for Release and/or Exchange of Information

Aaryn Easton, MFTC
Pineridge Family Therapy
443 4th Street Suite 150
Loveland, CO 80537
(970)658-0113

Client's name _____ Date of Birth _____

I hereby request and authorize Aaryn Easton, MFTC:

Release to ____ Request from ____ (check one)

Name / Relation: _____

Address _____

Phone _____

The following information:

- Summary of Treatment / Progress
- Treatment Plan
- Clinical Assessment
- Attendance
- Billing & Payment
- Discharge Summary
- Other (describe) _____

For the purpose of:

- Coordination of Treatment
- Other _____

Medical records frequently contain information which may be privileged and/or confidential. This could include remarks furnished by the client, client's family, or medical staff. If, in the judgment of Aaryn Easton, MFTC disclosure of the privileged/confidential information will be harmful to the client, release of such information may be withheld in accordance with specific state and federal regulations. Records released may contain alcohol and drug treatment information, AIDS/HIV, psychiatrics/psychological/and other mental health privileged/confidential information. Certain communications are privileged and not subject to release without your consent understate and/or federal law. Please note that once information has been released to the designated party Aaryn Easton, MFTC is not liable for the misuse of information by that party.

After giving due consideration to the above statement, I authorize Aaryn Easton, MFTC to furnish and/or receive information, including faxed copies of my Protected Health Information, including matters privileged under the laws of the state of Colorado, and applicable federal laws and regulations, to the above person(s). I further agree to indemnify and hold harmless Aaryn Easton, MFTC from all liability that may arise from the release of the information herein requested.

I understand that this authorization is subject to revocation at any time *in writing* except to the extent that action has been taken in reliance.

Client/Parent/Legal Guardian Signature

Date