

**Authorization for Disclosure of Protected Health Information &
Request for Confidential Communication (D-PHI)**

Today's Date: _____

I, _____ hereby authorize the release of *Clinical Information about*
(Name of person completing this form)

myself OR: _____ to Dr. Teresa Christensen, LPC, NCC, RPT-S
(Name of minor client IF APPLICABLE)

Contact Information: 32065 Castle Court, Suite 250-I, Evergreen, CO 80439 OR 500 E. 84th Ave., Thornton,
CO; drchristensen@me.com; 303/803/4340

Name of Agency: _____ Contact Person: _____

Address: _____ Email: _____ Phone: _____

To Release the Following Information (Check ALL that apply):

- Summary of Progress
- Evaluation/Assessment
- Attendance/Participation Progress
- Billing Information/Service Plan
- Termination Summary
- Other _____

For the Purpose of:

- Treatment (Internal & External)
- Operations (Administrative)
- Payment (Reimbursement)
- Other _____

If the purpose of the disclosure is marked as "Other" whether or not Treatment, Payment or Operations are checked, then this serves as a HIPAA Compliant Authorization and Dr. Teresa Christensen must provide me a copy. I understand that my records or those of the individual listed above are protected under state and federal Mental Health confidentiality regulations including 42 CFR part @. Information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release form may be sent to the agencies and persons identified above. Copies of this form may be used in lieu of the original. I, _____, understand there is potential for

(Signature of person authorizing the D-PHI)

information disclosed as a result of this release/authorization to be re-disclosed by the recipient and therefore no longer protected by the HIPAA Privacy regulations. I understand that I may revoke this consent at any time except to the extent that action has been taken based upon it. This consent expires and cannot be used past One Year from today.

Expiration Date: _____ (NOT to exceed 1 year from today's date)