

Jessica Guenther

MSW, LCSW
2002B W. 120th Ave
Denver, CO 80234
720-795-5255

RELEASE OF INFORMATION

I authorize the following parties:

Jessica Guenther 2002B W. 120th AVE, DENVER, CO 80234

Name _____ Address _____ Phone _____

To exchange the information listed below contained in the record of:

Patient: _____ DOB: _____

I understand that the information to be exchanged includes verbal and/or written information regarding the following condition(s):

- Psychological or Psychiatric Conditions Substance Abuse

INFORMATION TO BE EXCHANGED:

- | | |
|--|---|
| <input type="checkbox"/> Discharge/Termination Summary | <input type="checkbox"/> Educational Information |
| <input type="checkbox"/> Psychiatric History & Assessment | <input type="checkbox"/> Status of Attendance/Involvement in Treatment |
| <input type="checkbox"/> Counseling History & Assessment | <input type="checkbox"/> Medications, Prescriptions, & Diagnostic Info. |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Medical History & Physical Exam |
| <input type="checkbox"/> Social History Summary | <input type="checkbox"/> Final Diagnosis |
| <input type="checkbox"/> Treatment Plan, Goals, and Objectives | <input type="checkbox"/> Other: _____ |

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, in writing, revoke this authorization at any time, except to the extent that action has already been taken to comply with this authorization. **SUBSEQUENT DISCLOSURE OF MY RECORDS BY THOSE RECEIVING THIS AUTHORIZATION IS PROHIBITED.** I hereby release both of the above parties from any liability which may result from furnishing the information released or requested.

OTHER CONDITIONS:

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

Patient's Signature: _____ Date: _____