

**Release of Information**

Client Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Release to/from (circle one or both):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Relevant Care: From: \_\_\_\_\_ To: \_\_\_\_\_

I, \_\_\_\_\_ (client name or parent/guardian if client is a minor), hereby authorize and consent to the release of information to/from (circle one or both) the therapists of The Mariposa Center and the person/agency listed above.

I authorize the following information to be released and exchanged to/from (circle one or both):

Assessment and Treatment Plan \_\_\_\_\_ Session Progress Notes \_\_\_\_\_

Session Progress Summary \_\_\_\_\_ Termination Summary \_\_\_\_\_

Demographic/Historical Information \_\_\_\_\_

Such disclosure of information is for the purpose of establishing and coordinating effective treatment.

Specifically, the information will be used/disclosed for the following purposes:

Assessment \_\_\_\_\_ Service Planning \_\_\_\_\_

Coordination/Continuation of Care \_\_\_\_\_ Referral \_\_\_\_\_

Benefits Coordination/Acquisition \_\_\_\_\_ Disability Determination \_\_\_\_\_

Payment of Insurance Claims \_\_\_\_\_ Legal Purposes \_\_\_\_\_

Other: \_\_\_\_\_

I hereby relieve and release Emily McNeil, LPC, BC-DMT, EMDR-Cert.; Jennifer Platt, LPC, R-DMT, EMDR-Cert.; Megan Hall, LPC, R-DMT; Dafnah Meron, LCSW; and The Mariposa Center for Infant, Child, and Family Enrichment, as well as its' master level interns and externs from any and all damages, claims, and causes arising out of, or in connection with, any release of this information.

If I am the parent/guardian, I understand that my child's records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for. I further understand that I may I may revoke this consent at any time by sending a letter to my therapist at the Mariposa Center. If I do not withdraw my consent, this release will expire within one year of the undersigned date.

Client or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emily McNeil, LPC, BC-DMT, EMDR-Cert.      Jennifer Platt, LPC, R-DMT, EMDR-Cert.

Megan Hall, LPC R-DMT      Dafnah Meron, LCSW

4704 Harlan St. Suite 200 Denver, CO 80212    Phone: 720-288-5090    Fax: 303-433-0063    [www.MariposaCenterDenver.com](http://www.MariposaCenterDenver.com)