



**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 Amy Ladebue, MA, LPCC of Sacred Tree
(Name of minor client IF APPLICABLE)

Counseling, LLC at 10200 W 44th Ave, Suite 136, Wheatridge, CO 80033 (303-887-6210,

amy@sacredtreecounselingllc.com) to the following agency or person(s):

Name of Person/Agency: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

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 Amy Ladebue, MA, LPCC 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 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)