

Pathways to Wellness, LLC

Authorization to Release Information

My signature below authorizes Pathways to Wellness, LLC and staff to release and exchange information indicated below about _____ to _____.

Diagnostic Assessment	Psychological Assessment
School Records	Social Service Records
Psychiatric Evaluation	Drug/Medication Information
Medical Records	Social History
Treatment Summary	Psychotherapy Notes
Treatment Progress	Discharge Summary
Financial Information	Insurance Inforatmion
Court Documents and Legal Information	Chemical Use Evaluation/Information
Other _____	

This information will be used for the purpose of:

Continuum of Care	Consultation
Billing/Insurance	
Other _____	

I understand that all information provided on this form will be released to the individual/organization listed above. I agree to hold Pathways to Wellness, LLC and its staff harmless from liability associated with the release of information I have requested using this form.

I understand that this authorization to release information will expire one year from the date signed, unless otherwise noted. Additionally, I understand I may revoke this authorization at any time, unless Pathways to Wellness, LLC and its staff has taken action in reliance upon it, by providing a written request to Pathways to Wellness, LLC and staff. Note that revocation will begin on the date written notice is received by Pathways to Wellness, LLC and staff. Information released prior to that date will not be retrieved from the party to whom it was released.

Pathways to Wellness, LLC and its staff shall not condition treatment upon my signing this authorization and I have the right to refuse to sign this form.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA privacy rule, although applicable Colorado law may protect such information.

Name: _____ Relationship: _____

Signature: _____ Date: _____

Pathways to Wellness, LLC Staff Signature: _____