Healing Hearts Therapy, LLC

From the Office of Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychotherapy and Testing

Authorization/ Release of Confidential Treatment and Information

I authorize Robin Newman, PsyD, Licensed Clinical Psychologist, to disclose, release, and obtain pertinent and confidential information concerning me, including medical records, treatment notes, progress notes, evaluations, and reports or records of other treatment providers only as is appropriate and necessary for treatment and assessment. I understand that Dr. Newman will use professional judgment in deciding what information will and won't be released and to use professional judgment in determining when and what specific records or treatment summaries should be disclosed if necessary.

The following are names and phone numbers of those that Dr. Newman and Healing Hearts Therapy, LLC have permission to speak with concerning my case:

1. _____

2. _____

3. _____

4. _____

Disclosure Regarding Confidentiality of Treatment Information

I understand that any records concerning my medical treatment of mental health are confidential under Colorado law and that a statutory privilege prohibits such information from being disclosed without my consent. I also understand that if I request records to be released to any person or health care provider, I am responsible for payment of such records or summaries and agree to pay in full for all expenses incurred prior to their release.

I understand that this document will be in effect from date signed unless and until otherwise stated or revoked by you. I also understand that I may revoke this disclosure and release of information in writing at any time.

_____

Client Signature *Date*