Set Free Play Therapy
Carly Keaten MA, LPC
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(720) 449-6736
1928 E 18th Ave.
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Release of Information Authorization

I, (print name of parent or authorized caregiver) _____

authorize the mutual exchange of information between therapist Carly Keaten, MA, LPC and

(name of person or organization)_____

Information to be released includes: (check which apply):

( ) Psychological Reports or Evaluations ( ) Medical History

( ) Treatment Goals ( ) Personal Health Information

( ) Psychiatric History ( ) Other_____

Information is released for the purpose of:

I understand that my records are protected under specific federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it (e.g. the provision of treatment upon consent to disclosure to third party players) and that in any event this consent expires automatically as described below.

This authorization of exchange of information is valid for one year from date of signature. I understand that information used of disclosed pursuant to this authorization may be subject to subsequent disclosure by the recipient and no longer be protected by the HIPAA privacy rule. I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

_____ _____ _____

Printed Name Signature Date

_____ _____

Therapist Signature Date