

AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH INFORMATION

I hereby authorize release of my confidential health information as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

Client name: _____ Phone: _____

Provider or Facility providing the information:

Persons/organizations receiving the information:

Name: _____

Name: George Stahnke

Address: _____

Address: 4585 Hilton Parkway, Suite 202

City, State, Zip: _____

City, State, Zip: Colorado Springs, CO 80907

Phone: _____ Fax: _____

Phone: 719-287-8023 Fax: 866-514-5653

Email: _____

Email: gms@renewalcs.org

Description of specific information to be disclosed (including dates of service): _____

Does this include authorization to release drug or alcohol abuse treatment records? Yes _____ No _____ (initials)

Does this include authorization to release psychotherapy notes? Yes _____ No _____ (initials)

The release of information is being made:

At the request of the individual

If at the request of another, explain the purpose of the request: _____

This authorization will expire on ____/____/____ (DD/MM/YYYY)

Carefully read the following statements before signing this authorization:

1. I may revoke this authorization at any time in writing, except as to information released before receipt of the revocation.
2. I understand that my health care will not be denied if I refuse to sign this authorization.
3. Information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections.
4. I am entitled to a copy of this authorization.

Signature of Client or Client's representative
(Form MUST be completed before signing)

Date (DD/MM/YYYY)

Printed name of Client's representative: _____

What is the representative's authority to act on behalf of the Client? _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION