

 *Christiana Kelman, LCSW*
CONSENT TO RELEASE / RECEIVE INFORMATION

CLIENT NAME: _____ D.O.B. _____

I, _____ HEREBY GIVE MY PERMISSION TO CHRIS KELMAN,
LCSW:

TO EXCHANGE INFORMATION WITH:

TYPE OF INFORMATION TO BE DISCLOSED:

EVALUATIONS____ MEDICAL/HOSPITAL RECORDS____
DIAGNOSIS____ PSYCHOLOGICAL/MEDICAL TEST RESULTS____
TREATMENT PLAN____ MENTAL HEALTH RECORD SUMMARY____
OTHER____ PSYCHOTHERAPY NOTES____

PURPOSE OF SUCH DISCLOSURE:

ONGOING TREATMENT____ CONSULTATION____ EVALUATION____
TRANSFER____ LEGAL ISSUES____ COORDINATION OF CARE____
HEALTH INSURANCE BENEFIT UTILIZATION____ OTHER____

EXCEPTIONS: _____

(ANYTHING YOU DO NOT WANT ME TO TALK ABOUT WITH THE SOURCE OF
INFORMATION)

The designated information about me may____ may not____ be transmitted by fax, electronic mail
or other electronic file transfer mechanism. Chris Kelman and the above designated person
may____ may not____ discuss by telephone the content of the information released.

I understand I may revoke this consent in writing at any time and that in any event, this consent
expires automatically as described below or annually. Specification of the date, event, or
condition upon which this consent expires:

I hereby release all parties stated herewith from any liability resulting from the release of this
information. I agree that a photocopy of this release shall be as valid as the original.

I understand that my communication in therapy are protected under federal and state
confidentiality regulations and cannot be disclosed without my written authorization. The
information provided by a client during therapy sessions is legally confidential in the case of

licensed social workers, except as provided in section 12.43.218 CRS and except for certain legal exceptions. In general, these exceptions pertain to matters of danger to self or others and to assault or neglect of children.

I further understand that the potential exists for re-disclosure of my private mental health information and that it may no longer be protected under the HIPPA privacy regulations.

This is to certify that I have given consent freely and voluntarily, and that the benefits and disadvantages of releasing the information, if known, have been explained to me.

_____, _____
Signature of Client or Guardian Date

FEDERAL REGULATIONS PROHIBIT THE RECIPIENT OF THIS INFORMATION FROM MAKING ANY FURTHER DISCLOSURES OF THIS INFORMATION.

Live Yourself, LLC