

Dr. Laura Burlingame-Lee, Ph.D.
149 W. Oak St., Suite 108
Fort Collins, CO 80524
(970) 776-6043

*I will review this form with you and
answer any questions you may have.*

Consent to Request of Release Information:

Client's First, Middle and Last Name

Date of Birth

I hereby give permission to Dr. Laura Burlingame-Lee, Ph.D. to:

Request the following information from:

Any health or mental health provider, agency or program to which I am referred by Dr. Burlingame-Lee.

Any health or mental health provider, agency or program that has referred me to Dr. Burlingame-Lee.

Other: _____

Name of Person / Organization

Give the following information to:

Address

Specific Information to be Released:

Information regarding my mental health condition or treatment, including assessment notes, progress notes, medications, referrals, relevant history, diagnosis, etc.

Drug and Alcohol abuse information, including condition and treatment information, information regarding any assessment, diagnosis, referral, history, or discussion of drug or alcohol abuse

Other: _____

I understand the following:

- The confidentiality of alcohol and drug abuse patient records maintained by Dr. Burlingame-Lee is protected by Federal Law and regulations (42 C.F.R. Part 2). Generally this means that Dr. Burlingame-Lee may not say to a person outside of therapy that I have sought services from Dr. Burlingame-Lee, disclose any information identifying me or referring to drug or alcohol abuse information unless 1) I consent in writing; 2) the disclosure is allowed by a court order; or 3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research or program evaluation.
- Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.
- Federal law and regulations do not protect any information about crimes or threatened crimes committed by me at, or against Dr. Burlingame-Lee.
- Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
- This consent is voluntary, and the information checked above will only be released for purposes of treatment, payment or operations.
- This consent can be revoked by me at any time except to the extent that Dr. Burlingame-Lee has already taken action in reliance upon this consent. If not previously revoked by me, this consent will terminate upon one year after my completion of services with Dr. Burlingame-Lee.

Signature of Client or Responsible Party

Date

Signature of Witness

Date

Notice to Recipient of Disclosure:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.