

# Dr. Elizabeth Coldren

CLINICAL PSYCHOLOGIST

## AUTHORIZATION TO REQUEST/RELEASE CLINICAL INFORMATION

\_\_\_\_\_  
Last First Date of Birth

I hereby authorize the following person:

Dr. Elizabeth Coldren, P.C.

Licensed Psychologist

1818 24th Avenue

Denver, CO 80205

To exchange information or release copies of my clinical record with

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### INFORMATION TO BE RELEASED:

- |  |  |
|--|--|
| <input type="checkbox"/> Psychosocial History  | <input type="checkbox"/> Psychological Evaluation          |
| <input type="checkbox"/> Discharge Summary     | <input type="checkbox"/> Treatment Plan                    |
| <input type="checkbox"/> Psychiatric History   | <input type="checkbox"/> Summary of Progress Notes         |
| <input type="checkbox"/> Education Information | <input type="checkbox"/> Occupational/Recreational Therapy |
| <input type="checkbox"/> Medication History    | <input type="checkbox"/> Police/Legal Information          |
| <input type="checkbox"/> Other                 |  |

I understand that the information to be released may include information regarding the following condition(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Drug Abuse/History     | <input type="checkbox"/> Psychiatric Conditions |
| <input type="checkbox"/> Alcohol Abuse/ History | <input type="checkbox"/> Auto Immune Deficiency |
| <input type="checkbox"/> Sexual History         | <input type="checkbox"/> Criminal/Court Records |

### AUTHORIZATION:

I certify that this request has been made voluntarily. I understand that I may revoke this authorization at any time, except to the extent action has already been taken to comply with it. I understand that unless specified below, this consent will expire when I terminate from therapy.

A copy of this authorization will considered as valid as the original.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Date

\_\_\_\_\_  
Dr. Elizabeth Coldren, P.C. Date

1818 EAST 24TH AVENUE - DENVER, COLORADO 80205

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