Catherine Warnock, MA, LPC, NCC
12835 E. Arapahoe Rd. Ste 2-440, Centennial, CO 80112
720-663-0445
catherine@mariposacounselingcenter.com
www.mariposacounselingcenter.com

Release and Exchange of Protected Health Information

Name:	
DOB:	Phone number:

I give permission to and hereby authorize **Catherine Warnock** at **Mariposa Counseling Center** to release/receive information from:

Person or Agency:
Address:
Phone number:
Fax/Email:

Limits to information to be exchanged:

_____

_____

_____

Authorization:

- I understand that I can revoke this authorization at any time, except to the extent that action has already taken place. If not revoked at an earlier date, this authorization will expire one year from the date signed.
- I understand that the designated information about me may be sent by mail, transmitted by fax, electronic mail or electronic file transfer mechanism, or exchanged verbally unless otherwise restricted by me.
- I agree that a photocopy or fax of this authorization shall be as valid as the original.
- I understand that I am not required to sign this authorization form and that my treatment will not be conditioned on whether I authorize the requested use or disclosure of PHI.
- I certify that this request has been made voluntarily.
- I hereby release any service provider or individual from any liability which may result from furnishing the information requested as authorized in this release.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____