

NAJ Counseling, LLC

1536 SOUTH JERSEY STREET
DENVER, CO 80224
303-337-8558
natalie@najcounseling.com

I, _____, whose date of birth is: _____, hereby authorize:
(Client)

NAJ Counseling, LLC / Natalie Jeffers Wilkins, MA, CAS, CSAT, CCTP 1536 South Jersey Street, Denver, CO, 80224

and _____

located at: _____

to exchange information for the purpose of my ongoing counseling and psychotherapy.

Client Name: _____ Client Telephone: _____

The type of information to be disclosed:

- Evaluations
- Medical/Hospital Records
- Diagnosis
- Psychological/Medical Test Results
- Treatment Plan
- Mental Health Record Summary
- Course of Treatment
- Consultation
- Psychotherapy Notes
- Other _____

The designated information about me is permitted to be transmitted by fax, electronic mail or other electronic file transfer mechanisms. NAJ Counseling, LLC/ Natalie Jeffers Wilkins and the above designated person/agency may discuss by telephone the content of the information released. This consent is in effect from the date of my signature until _____. I understand that I may revoke this authorization, in writing, at any time unless action based on it has already take place. 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 communications 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 certified addiction counselors, 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 HIPAA privacy regulations as defined by FEDERAL STATUTE CFR 42 PART II, WHICH PROHIBITS THE RECIPIENT OF THIS INFORMATION FROM MAKING ANY FURTHER DISCLOSURES OF THIS INFORMATION. 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 Personal Representative

Date

Signature of Therapist

Date

___ Copy accepted by releaser ___ Copy refused and kept by practitioner