Grandview
Therapy and Consulting

Grandview Therapy and Consulting, LLC
(719) 505-2461
615 N. Nevada Ave, Unit 4
Colorado Springs, CO 80903
grandviewtherapyandconsulting.com

# Consent to release information

Patient Name | Date of Birth | Today's Date

This release of information authorizes Grandview Therapy and Consulting, LLC to share information from my (or my child's) records with the individual or agency listed at the bottom of this form.

I give permission to Grandview Therapy and Consulting, LLC and the individual/agency listed below to share information regarding my psychiatric, psychological or medical issues.

I also agree to allow the individual/agency listed below to share information regarding my treatment with Grandview Therapy and Consulting, LLC.

I understand that this authorization is valid for one year from the date listed below. I also understand that this information may not be released to any other person or organization (except as noted in the "Notice of Privacy Practices" document) without my permission in writing.

A photocopy of this authorization shall be considered valid.

Individual

Agency Name

Street Address; City, State, Zip

Phone

Client Signature and Date

Witness Signature and Date