Woodland Counseling Center, LLC
Jamie Andersen, MA
Licensed Marriage and Family Therapist
321 West Henrietta Ave., Suite B • PO Box 625
Woodland Park, CO 80866-0625
(719)360-0802 Fax: (719)687-4801

Authorization to Send, Receive and/or Exchange Healthcare Information--PCP

Client Name:_____ Birth Date:_____

There are Colorado and Federal laws about my right to privacy. The Health Care Provider must protect information about my health and treatment. (CFR 42 Part 2, CRS25.1, HIPPA CFR 160, 164). Information about me cannot be given to other people or agencies without my written permission, except when the law allows it. Substance abuse information and HIV or AIDS information is especially protected.

I give permission for Jamie Andersen/Woodland Counseling Center to send, receive, exchange, use or disclose health information about me to:

Agency or Person	Address	Phone
Agency or Person	Address	Phone

The information to be used or disclosed may include:

- Assessment, Evaluation, Testing
- Psycho-Social History
- Substance Use/Abuse History
- Legal Information
- Other: _____
- Treatment Progress
- Progress Notes
- Billing Information
- Education Information

The information will be used for the following purposes:

- Multi-Agency Coordination
- Continuity of Care
- Treatment, Payment or Healthcare Operations
- Service Planning
- Additional Evaluation or Treatment
- Other: _____

Other Important Information:

1 I do not have to sign this document to get treatment from Jamie Andersen unless treatment is required by a court or another official. Some information about me may be given out without my consent if the law allows it. (See Notice of Privacy Practices for more information).

2 This permission will expire in one (1) year, unless my treatment ends or I revoke it in writing. I may take back my permission at any time. I understand Jamie Andersen cannot take back any information given out before I revoke permission.

3 Copies of this form may be used in place of the original. Signatures received by fax will be accepted.

4 Jamie Andersen cannot promise that people who get this information will keep it private. They may or may not have to follow the privacy laws. If the information is about substance abuse or HIV/Aids, the people who get it are not permitted to re-release it to anyone subject to Federal laws.

Signature of Client	Date
Guardian / Representative Signature / Relationship	Witness Signature

Revocation: I revoke my permission for this use of my health information.

Effective: _____(Date)

Signature of Client	Date