

7000 East Belleview Avenue, Suite 350
Greenwood Village, CO 80111
Telephone: 303-513-8975

Allison Rimland, LPC

Licensed Professional Counselor

RELEASE OF INFORMATION

I authorize Allison Rimland, LPC , to make contact, by phone, in writing, or in person with _____ and to release any and all
(name of other professional)

information concerning me, or my dependent child, as may be necessary and/or helpful in my clinical evaluation, treatment planning, and treatment activity.

I authorize _____ to release any and all
(name of other professional)

information requested by Allison Rimland, LPC. It is my intention that the professionals with whom I have been in treatment and with whom I am currently in treatment be able to freely exchange information in order to best serve me.

I understand that this authorization will expire, without my express revocation, one year from the date of signing. I understand that this authorization of this information is voluntary and I can refuse to sign this authorization or revoke it in writing at any time.

Client's or Parent's Name (Print)

Client's or Parent's Name (Sign)

Allison Rimland, LPC

Date