



Laura Molzer, MS, LMFT

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RELEASE OF INFORMATION

I hereby authorize Laura Molzer, MS, LMFT to disclose and/or receive confidential information regarding me and/or my child's therapy treatment. This includes: medical records, treatment notes, progress notes, evaluations, and reports or records of other treatment providers. I authorize Laura Molzer, MS, LMFT to disclose confidential information concerning me and/or my child verbally (in person and/or over the phone) and in writing (through letters, faxes, and/or email). I authorize Laura Molzer, MS, LMFT to use professional judgment in deciding what specific information will be released and communicated. I authorize the exchange of information with the following agencies and/or individuals:

- _____ Larimer County Department of Human Services
- _____ Poudre School District (specify school) _____
- _____ Thompson School District (specify school) _____
- _____ Fort Collins Police Department
- _____ Loveland Police Department
- _____ Larimer County Sheriff's Department
- _____ 8th Judicial District Attorney
- _____ Larimer County Child Advocacy Center
- _____ Medical Professional (specify name) _____
- _____ Partners Mentoring Youth
- _____ Others (specify names) _____

Disclosure Regarding Confidentiality of Treatment Information

I understand that any treatment records concerning me and/or my child's medical treatment or mental health evaluations are confidential under Colorado law, and that a statutory privilege prohibits confidential treatment information from being disclosed without my consent. I understand that if I request records to be released to any person or health care provider, I am responsible for payment for expenses for the copying of the records, and agree to pay for them; or that I will be responsible for payment for any summary of confidential health care information which is disclosed instead of specific records, at the discretion of Laura Molzer, MS, LMFT.

I understand that I have no obligation to sign this authorization for the disclosure of confidential information about myself and/or my child. **I understand that I may revoke this consent in writing for disclosure of information at any time.**

Child's Name

Date of Birth

Client's Name or Legal Guardian's Name

Date of Birth

Signature of Client or Legal Guardian

Today's Date