

**DIANE BAUER**<sup>PLLC</sup>  
COMPASSIONATE CONNECTIONS

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**Consent for the Release of Confidential Information**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Address)

authorize Diane Bauer to release information to and receive information from:

\_\_\_\_\_  
(Name of person(s) or organization(s) to which disclosure is to be made)

I limit the disclosure to: \_\_\_\_\_  
(Extent or nature of information disclosed)

for the following reason(s): \_\_\_\_\_  
(The purpose or need for disclosure)

The date, event, or condition upon which this consent expires is: \_\_\_\_\_

*I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time by submitting a written request and that this consent expires automatically as described below.*

**I acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. Furthermore, I certify that I have the legal authority to authorize this release.**

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist/Witness

\_\_\_\_\_  
Date