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CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby give permission for Carolyn Mader, at Mending
Hearts Counseling to:

- Request the following information from:
- Give the following information to:

Name of person/entity

- | | |
|--|--------------------------------|
| • Assessment Information | • Treatment Plan |
| • Diagnosis | • Treatment Progress |
| • Drug/Alcohol Abuse History &
Discharge Summary | • Mediation Management History |
| • School Behavior and Academic Records | • Legal Information |
| • Psychotherapy Notes | • Laboratory Test Results |
| • Psychiatric Assessments and
Medication History | • All Available Information |
| • Social Services Treatment Plans or
Intervention | |

This information is to be used for:

- Aiding treatment or evaluation
- Insurance claim

