



**COMPREHENSIVE HUMAN SERVICES, INC., CONSENT FOR THE RELEASE OF
CONFIDENTIAL INFORMATION: PROGRAM DISCLOSE TO CFHC**

I, _____, authorize _____ (Name or general designation of person or program making disclosure) to disclose to (check one or more boxes):

- Julieann Myers, LCSW, MAC, EMDR and CSAT Certified, California License Number LCS 25842 Colorado License Number LCSW 991503
- Laurie Chapman, MFC, EMDR Certified California License Number MFC 35559
- Dana Davis, LMFT, EMDR Certified California License Number 42929
- Rafael Cortina, MBA, LMFT, Certified California License Number 48209
- Kathryn (Katie) O’Brasky, LCSW Certified, California License Number LCS16307
- Michelle Vercelli, LMFT, Certified California License Number 77569
- Silverlining Psychiatry Medical Group, Dr. Dmitriy Sivtsov, M.D.
- Dr. Patricia Lin MD, Certified California License Number G066214
- Lauren Lee Walker, JD, MS, MFTI Registered Intern #102523
- Diane L. Moore, LCSW, ACSW. California License Number 28535

the following information (Nature of the information, as limited as possible):

The purpose of the disclosure authorized herein is to (Purpose of disclosure, as specific as possible):

_____ I understand that my records are protected by the Comprehensive Human Services, Inc./Center for Healthy Change confidentiality policies as mandated by C.R.S. 7.714.211. In addition, I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, 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 except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: **1 year from the date indicated below**

The undersigned certifies that they have read and received a copy of the above policy.

Client/Guardian	Date
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Therapist	Date
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