

Kristin Spiegel, LCSW, RPT
270 East 8th Avenue, Suite 201
Durango, CO 81301
970-749-6139

Authorization for Release of Information

For: _____ D.O.B. _____
(Client's name)

Exchange of Information Between

Agency/Professional

Address City/State Zip Code

Phone Number Fax

And

Kristin Spiegel, LCSW, RPT
270 East 8th Avenue, Suite 201
Durango, CO 81301
Phone: 970-749-6139

Please release:

Psychiatric Report Psychologist/Counselor Report

Verbal Exchange of Information Medical information

School Information

Other _____

Signature of Client

Date

Signature of Parent or Guardian if above named person is under 15 yrs.

Date