

A NEW DAWN PSYCHOTHERAPY  
RELEASE OF CLIENT INFORMATION  
Bonnie Gertz, MA, LPC, LAC

I, \_\_\_\_\_, do hereby authorize the release of the following listed information.

INDIVIDUAL OR AGENCY RELEASING INFORMATION  
Bonnie Gertz

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INDIVIDUAL OR AGENCY RECEIVING INFORMATION

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The specific information I have authorized for release includes the following:

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The purpose of this information release is the following:

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This release of information will remain in effect until:  
One year post treatment

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I understand that my private information is protected under Federal Laws U.S.C. 290dd-3, 42 U.S.C. 290ee-3, and Colorado Revised Statutes 12-43-218 C.R.S. I understand that I can relinquish my authorization at any time I choose.

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Client signature

Date

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Witnessed by

Date