

*A NEW DAWN PSYCHOTHERAPY
RELEASE OF CLIENT INFORMATION
Bonnie Gertz, M.A., LPC, LAC*

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

INDIVIDUAL OR AGENCY RELEASING INFORMATION

Bonnie Gertz

INDIVIDUAL OR AGENCY RECEIVING INFORMATION

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

The purpose of this information release is the following:

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

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.

Client signature

Date

Witnessed by

Date