Inspiring Talkers Therapy and Learning Center

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Firestone, CO 80504
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www.inspiringtalkers.com

Authorization for Use and/or Disclosure of Protected Health Information

I HEREBY AUTHORIZE INSPIRING TALKERS, LLC TO RELEASE/EXCHANGE THE FOLLOWING INFORMATION CONCERNING:

____ (Patient's Name)

______________________________ (Date of Birth)

(Below please list who you would like us to send records to)

Disclose/Exchange Records To:
Name: ________________________________
Address: ______________________________
City/Zip: ______________________________
Phone Number: _________________________
Fax Number: ___________________________

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Address: ______________________________
City/Zip: ______________________________
Phone Number: _________________________
Fax Number: ___________________________

Records can be mailed, emailed, faxed, and picked up in person, upon verbal request.

Signature: ____________________________ Date: ____________________

☐ Patient ☐ Parent ☐ Legal Guardian