Liz La Colla
2945 SW Wanamaker Drive
Topeka, Kansas 66614
785-249-3067
Fax-785-272-2384
lizlacollacounseling@gmail.com

Authorization for release of information

This release of information is limited to the person or agency named below and is not to be used for any other purpose than the ones specified below.

I, _____, with the date of birth _____, hereby authorize Elizabeth (Liz) La Colla, LSCSW to release the following professional information including assessment, progress notes, attendance, level of participation in therapy, if I am a risk to myself or others and recommendations.

To_____

_____

_____

For the purpose of:
1.) Coordination of treatment with patient's health care providers
2.) Insurance company
3.) Protecting patient or others from harm
4.) Reimbursement for therapy
5.) Patient request
6.) Consultation
7.) Collaboration with agencies in which patient is receiving services- schools, courts, social service agencies.

I understand that my records are protected under state and federal confidentiality and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has already been taken.

This release will remain effective until client's requests otherwise in writing.

Executed this _____ day of _____, 20__

Signature_____

Witness_____

Signature of Parent/Guardian _____