## KATHLEEN D ROBINSON PsyD LLC

Licensed Psychologist 1720 S. Bellaire Street, Suite 203 Denver, CO 80222 Phone 303-782-0433 Fax 303-756-1413

## **RELEASE OF INFORMATION (ROI)**

I,(Name of Client or	Parent/Legal Guardian	, authoriz )	ze Dr. Kathleen Robinson to release, review
this information is released	to another person it m	nay no longer be pr	ld with the party below. I am aware that once rotected. I understand that I may further the listed party. These limitations are:
This information may be sl	nared via (check all tha	ut apply):	
Mail Fax	Phone	In Person	Email
(Party with	n whom Information is	to be exchanged)	
	(Party's Full Ad	dress)	
(P	arty's Phone & Fax Nu	umbers)	
Regarding:	(Client Name)		(Date of Birth)
relevant to psychological tralcohol abuse, psychiatric confidentiality regulations disclosure is expressly per by 42 CFR part 2. The fed alcohol or drug abuse client I understand that this author	reatment. This informate treatment, HIV Antibor prohibit the recipient consisted by written consisted rules restrict any unit.	ation may include dy Test or AIDS a of this ROI from ment of the person to use of information ed at any time in w	nation, continuity of care, and other purposes treatment or rehabilitation for drug and/or and related conditions. Federal naking any further disclosures unless further to whom it pertains or as otherwise permitted to criminally investigate or prosecute any writing. This ROI will remain valid for
month	(Client / Parent S		(Date)