



INNERLIFE
ADVENTURES

Inner Life Adventures, LLC
503 Remington Street #210
Fort Collins, CO 80524
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CONSENT FOR RELEASE AND/OR RETRIEVE OF INFORMATION

If consultation is requested and information is to be exchanged between Inner Life Adventures, LLC / Chuck Hancock, LPC and a third party, the name, address and phone number of the designated third party should be listed in both the RELEASE and RETRIEVE sections below.

Purpose: _____

RELEASE: I hereby consent to Inner Life Adventures, LLC / Chuck Hancock, LPC to **release** information to the following parties. This includes written and verbal transfer of history, as well as mental health and treatment information for the purposes of consultation and coordination with relevant professionals.

I wish to release: [] Confirmation and dates of sessions [] Diagnosis [] Written summary of treatment

[] Other: _____

Limitations, if applicable: _____

Name	Address	Phone Number	Fax	Email

RETRIEVE: I hereby consent to Inner Life Adventures, LLC /Chuck Hancock, LPC to **retrieve** information from the following parties. This includes written and verbal transfer of history, as well as mental health and treatment information for the purposes of consultation and coordination with relevant professionals.

Limitations, if applicable: _____

Name	Address	Phone Number	Fax	Email

AUTHORIZATION: I certify that this authorization to release and/or retrieve has been made voluntarily. I understand the information to be released and/or retrieved may include information related to substance abuse, family or medical history, diagnosis, and other information discussed during the course of therapy.

I understand that I may revoke this authorization at any time by giving written notice except in the extent that action has already been taken on this request. This authorization will expire six months from the date treatment is terminated.

Name of Client (or Guardian)

Signature of Client (or Guardian)

Date