



Sandra Eisemann, PhD, RN
970-403-4223

Jessica Reed, LCSW
970-426-9221

Lindsay Stonecash-Bauer, LCSW
970-946-8002

Authorization for Release of Confidential Information

Client Name: _____

Date of Birth: _____ Social Security # _____

The above named individual authorizes Mountain Mental Health Clinic to:

Release of Information to: _____

Release of Information from: _____

Purpose and nature of information to be released:

Expiration: _____

Client or parent/legal guardian signature: _____

Date: _____

Therapist signature: _____

Date: _____