## CMB COUNSELING LLC CHRISTINA MARGALA BROWN MS, M.ED, NCC, LPC

## **AUTHORIZATION TO RELEASE INFORMATION**

| (hereinafter "Provider") to disclose mental health treatment information and records obtained in the course of psychotherapy treatment of Client, including, but not limited to, therapist's diagnosis of Client, to:  I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider at 609 W. Littleton Blvd Suite #201 Littleton, CO 80120 to be effective.  This disclosure of information and records authorized by Client is required for the following purpose:  () Presence in Treatment () Educational Information () Psychosocial History  | I,   | , (hereinafter "Client") hereby authorize Christina Margala Brown,                  |
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