

RELEASE OF INFORMATION
Per HIPAA Privacy Act
for Shannon Rios Paulsen, M.S. LMFT
of LifeThreads LLC
720.515.3212

I _____, hereby authorize you to talk with and release written information about me and/or my children. My children's names and dates of birth are as follows:

_____ date of birth _____

_____ date of birth _____

_____ date of birth _____

This information may be released to Shannon R. Rios Paulsen of LifeThreads Inc. , M.S., Inc., 7967 S Brook Forest Rd, Evergreen, CO. 80437, (303) 284-3441. You may share with one another whatever essential information concerning my case that they deem necessary. I release the any person, institution, business or agency of any and all liability for supplying/ exchanging such information. The Department of Social Services may release information to Shannon R. Rios. I understand that this information is to be used for professional purposes only. The verbal or written information released may include but is not limited to medical, psychological, psychiatric, drug or alcohol abuse, driving records or history, HIV infection and AIDS testing and treatment, employment, financial, educational, and records of arrest and/or convictions. I understand that this consent also includes disclosure of alcohol and drug abuse records that are protected by federal law. This release shall remain in full force until I state, in writing, that it is no longer valid. A photocopy or facsimile of this Release shall be considered as effective and as valid as the original.

Dated _____

Signature _____

Other Names _____

Social Security Number _____

Date of Birth _____

Driver's License Number _____, State _____