



KATZ & LOIZEAUX
Forensic Services LLC

Les Katz, PsyD, PC
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Consent To Release and Exchange Confidential and Privileged Information

Client Name _____

Child(ren) Names and Age(s) _____

Relationship to Child(ren) Mother Father Guardian
Other (describe relationship) _____

CONSENT TO RELEASE INFORMATION: As part of the Court ordered services currently being conducted concerning my children, I understand that the professionals, members of *Katz & Loizeaux Forensic Services, LLC* consult with other professionals who I and/or members of my family have had some type of professional contact. I hereby authorize the persons or institution listed below to release information to and exchange information with *Katz & Loizeaux Forensic Services, LLC*. I understand that this consent applies to information derived from any psychological, counseling, psychiatric, medical, educational/school, day care, and/or other professional contacts. I understand that the information released would include the results of diagnostic tests and the records of any medical, psychological, psychotherapy, counseling, and/or psychiatric treatment rendered to me and/or the above listed children. I understand that the information released may include the notes and results of psychological evaluations, notes from psychotherapy sessions, and any opinions derived from these procedures. I understand that the information may be released to *Katz & Loizeaux Forensic Services, LLC* verbally, in writing, or both. I understand that this consent applies to information derived from any schools or daycare and may include any educational, social, and behavioral information and observations. I understand that this consent applies to the sharing of information, opinions, and observations the listed professional below has had regarding their contacts with me, and/or with any minor children listed above, and/or with my relationship with these children.

I understand that *Katz & Loizeaux Forensic Services, LLC* is fulfilling a Court ordered services, and that the information released by other professionals may be utilized in reports, depositions, and/or Court testimony. I understand that the Colorado Revised Statutes may permit attorneys representing me or other parties to this dispute to obtain copies of *Katz & Loizeaux Forensic Services, LLC* file of underlying data and reports, which would include the information released by the professional and/or institution named below. In consideration of the need of *Katz & Loizeaux Forensic Services, LLC* to obtain this information in order to better assist the Court in determining the best interests of the minor children, I hereby release *Katz & Loizeaux Forensic Services, LLC* and each of the persons listed below from all liability, civil, criminal, professional, financial, or otherwise, that might directly or indirectly result from the release or exchange of any information that might be relevant to the services being provided. I fully understand that I have the right and opportunity to consult with an attorney on this matter if I desire. I give this consent of my own free will. I agree that a photocopy of this form and my signature below is as valid as the original. **PLEASE SIGN AND DATE BELOW.**

Signature Printed Name Date

This consent applies to the institution and/or individual listed below:

Name _____ Phone _____

Institution _____

Address _____