KATZ & LOIZEAUX
Forensic Services LLC

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AUTHORIZATION REQUESTING THE RELEASE OF HEALTH CARE INFORMATION

Client Name_____ Date of Birth_____ SSN_____

If Client is a minor, name of Parent or Legal Guardian_____
Relationship to Minor Child ___Mother ___Father ___Guardian ___Other_____

Is requesting the release of health care information from:

Name and/or Organization_____

Address_____

***I request the release of the following information to*:**
Katz & Loizeaux Forensic Services, LLC
1191 S. Parker Rd.
Denver, CO 80231

_____Medical and/or Mental Health History
_____Drug Abuse/Alcohol Abuse Records

_____Family History and/or Social History
_____HIV Diagnosis and/or AIDS related condition

_____Psychological/Psychiatric Records
_____Test results: presence of antibodies or communicable disease

_____Admission Workup: reason for admission, dates of service, psychosocial history, medical history, drug/alcohol use, mental status exam, family history, social history, and provisional diagnosis

_____Discharge Summary: admission workup information, dates of service, summary of physical exam, routine laboratory data, hospital course, discharge diagnoses and medications, discharge plan

_____***I give you permission to talk directly to staff at Katz & Loizeaux Forensic Services, LLC***

The purpose of the release of this information is as follows*:*
Katz & Loizeaux Forensic Services, LLC is fulfilling court-ordered services, and information released will become part of the case file and may be disclosed and/or utilized in correspondence, reports, depositions, and/or court testimony. This authorization ends upon termination of the court-appointed role or 180 days, whichever is earlier.

I may cancel this authorization in writing as allowed by law. This would not affect any actions already taken based upon my original request. I understand that I can rescind/withdraw this authorization by submitting one of the three documents to the individual or organization authorized to release the information:

1) Sign and date a revocation form (available from the individual/organization); or
2) Write, sign, and date a letter to the individual/organization to cancel the authorization; or
3) Sign, date and write, "CANCEL" on this original form

I understand that once the information is released the individual or organization has no control over it, and privacy laws may no longer protect it.

Signature	Printed Name	Date