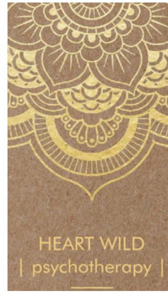
Sarah Murray, LCSW | Heart Wild, LLC
3401 Quebec Street | Suite 4500 | Denver, CO 80207
720-635-9045 | heartwildtherapy@gmail.com | www.heartwild.org



Authorization to Disclose & Request to Release Information

This document authorizes Sarah Murray, LCSW / Heart Wild, LLC to disclose information regarding my mental health treatment to the professional or agency listed below. Additionally, I am authorizing the professional or agency listed below to release information to Sarah Murray, LCSW / Heart Wild, LLC regarding pertinent information to my mental health treatment.

The information exchanged may include:

- Mental health diagnoses
- Treatment plans
- Modalities used
- Individualized Education Plans (as applicable)
- Content of Sessions, as indicated for collaboration

Professional or Agency: ____

Address: ____

Phone Number: ____

This release is valid for one year from the date it is originated.

______________________________	______________________________	__________
Client/ Guardian Signature	Print Name	Date
______________________________	______________________________	__________
Therapist Signature	Print Name	Date