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Release for Request/Release of Information

I authorize Dr. Claire Dumke to exchange information pertaining to my child and his or her involvement in therapy to/from the following person or organization:

Organization: _____
Contact Person: _____
Address: _____
Phone: _____
Email: _____
Permission to: <input type="checkbox"/> Request information from <input type="checkbox"/> Release information to

Information that may be used or disclosed based on this authorization is as follows (please check/add all that apply):

_____ All health information about my child, including records created or received by Dr. Dumke

_____ All health information about my child, including records created or received by Dr. Dumke, **except** for:

Client

Date

Parent/Guardian Name

Parent/Guardian Signature