Cheryl A. Dasler, M.D.
BOARD CERTIFIED IN GENERAL PSYCHIATRY AND CHILD AND ADOLESCENT PSYCHIATRY
7955 East Arapahoe Court, Suite 1400b
Centennial, CO 80112
Office: 303-243-4556

Consent to Release Medical Information

Patient name: _____ DOB: _____

Please use a separate Release Form for each facility/individual you wish to have information exchanged with. I, _____, hereby authorize the mutual exchange of information between Cheryl Dasler, M.D. and:

_____
Name of hospital, physician, clinic, school, teacher, etc.

_____
Address of hospital, physician, clinic, school, teacher, etc.

_____
City, State, Zip Code

_____
Telephone number Fax number

I understand that information to be released for the purpose of psychiatric evaluation and ongoing treatment may include information regarding the following conditions(s). **Please initial next to each you agree to**:

_____ Psychiatric Conditions, Psychological Testing, Progress notes, Medications prescribed
_____ Assessment including Diagnosis
_____ Treatment Summary, Recommendations, Consultation
_____ Medical Information
_____ Educational Information
_____ Drug and/or Alcohol abuse
_____ HIV/AIDS

I understand that I may revoke this consent to release medical information at any time by giving written notice to Cheryl Dasler, M.D. except to the extent that action has already been taken to comply with it. Without such revocation, this consent is valid until treatment with Dr. Dasler ends.

I release Cheryl Dasler, M.D. from all legal responsibility and liability for the information released according to the terms of this written consent. I understand that there is the potential for this protected health information to be redisclosed by the recipient and thus no longer protected under the HIPPA privacy rule.

Signature of Patient _____Date_____
(if 15 years or older)

Signature of Parent or Legal Guardian _____Date_____
(if patient under 18 years old)

Relationship to patient_____

Signature of Witness_____Date_____

A photocopy or fax of this document shall be as effective as the original