Andrew E. Leifer, M.D., P.C.
1202 Bergen Parkway
Suite 211
Evergreen, Colorado 80439

General Adult Psychiatry
Outpatient and Hospital Care
Medical Consultation-Liaison Service
Telephone (303) 674-6074
Fax (303) 831-9601

Authorization For Release of Information

TO (Person Sharing / Receiving Information with Dr. Leifer):

Name of Provider or Agency:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

I,_____, hereby authorize Andrew E. Leifer, M.D., P.C., to share and receive information regarding my health care with _____ for purposes of continuity of care and treatment. I understand this may include information regarding my psychiatric history, medical records and treatment, and/or substance use. This authorization to disclose information is subject to revocation at any time when such revocation is provided by the patient in writing, except to the extent that Dr. Leifer and/or the named provider/agency has already acted in reliance on it.

Thank you,

_____ _____
Patient Signature Date

****

This authorization for release of information expires on (circle one):

Indefinite release.

Or

Specific date:_____