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## ELK MEADOW ENDURING CONNECTIONS

**Office Address:** 685 Citadel Drive East, Suite 510, Colorado Springs, CO 80909  
**Mail:** PO Box 62359, Colorado Springs, CO 80962 ~ **Web:** [www.enduringconnections.org](http://www.enduringconnections.org)  
**Phone:** 719. 452. 0393 ~ **Email:** [connect@enduringconnections.org](mailto:connect@enduringconnections.org) ~ **Fax:** 888. 518. 1686

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### AUTHORIZATION TO REQUEST AND RELEASE INFORMATION (ROI)

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NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF MINOR: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I hereby authorize Elk Meadow Enduring Connections (Enduring Connections/EMEC) to receive, furnish or exchange confidential psychological, medical, psychiatric, educational and/or other appropriate information and/or records acquired in the course of evaluations and treatment for myself and/or my minor children. EMEC may only release specific relevant information; EMEC may not release information retrieved to another party.

Receive from/Release to/Exchange with:

\_\_\_\_\_  
Name of Individual & Name of Facility/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number ~ Fax Number ~ Email Address

**Purpose of disclosure:**  Attendance in Treatment  Clinical Progress in Treatment  Monitoring Results  
 Assessments  Other: \_\_\_\_\_

This Consent is subject to revocation at any time, except to the extent that action has already been taken in reliance upon this consent, prior to revocation. In consideration of this Consent, I hereby release the above parties from any legal liability for the release of requested information.

This consent expires at time of termination of treatment OR in \_\_\_\_\_ 1 year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_