

**Nancy Martin, M.A., L.P.C.**  
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**Consent for Email Correspondence**

I, \_\_\_\_\_ authorize email correspondence through the World Wide Web (Internet) for the purpose of service, coordination, collaboration, continuity of care and case management activity to Nancy Martin MA, LPC.

(Initial)

- \_\_\_ Treatment information to include history, diagnosis, progress in treatment, prognosis.
- \_\_\_ Treatment approaches / plan / goals, medication intervention and prescriptions, status at discharge.
- \_\_\_ Treatment summary
- \_\_\_ Treatment attendance
- \_\_\_ Psychological evaluation and testing summaries.
- \_\_\_ Alcohol and drug treatment information.
- \_\_\_ Other (specify) \_\_\_\_\_.

Regarding myself and/ or the following persons:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Client/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date