



**PRIVILEGED COMMUNICATIONS AND PROVIDERS**

All records of every nature and impressions from persons or agencies whom I may claim a privilege pursuant to CRS 13-90-107. This includes but is not limited to clergy, medical providers as indicated above, certified public accountant, attorney (excluding communications and work product in this litigation), licensed psychologist, professional counselor, marriage and family therapist, social worker or unlicensed psychotherapist, qualified interpreters as defined in CRS 13-90-202, confidential intermediary as defined in CRS 19-1-103 or victim advocate as defined by Colorado law.

This authorization and waiver shall pertain solely to the above attorney or such other person as he may designate, and shall not be construed as a waiver of confidentiality or privilege to any other person or agency. Further, this waiver and authorization shall be in full force and effect until revoked by me in writing.

**ARCHIVE OR TRANSMISSION BY TECHNOLOGICAL MEANS  
ORIGINAL DOCUMENT DESTRUCTION AND ACCEPTANCE OF DATA SUBSTITUTION AS ORIGINAL**

I specifically agree to destruction of the original hereof and agree a photostatic, photographic, microfilm copy or data substituted and archived or transmitted by technological means, printed copy or other reproduction hereof shall be as valid as the original, including but not limited to image scan, optical character recognition (OCR), Adobe Acrobat .pdf file email attachment and the like. I consent to facsimile or e-mail transmission of this or other documents related or requested pursuant hereto.

\_\_\_\_\_  
**AUTHORIZING PERSON SIGNATURE**

**SUBSCRIBED AND SWORN** on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ County,  
State of \_\_\_\_\_ by the above authorizing person, personally known to me.

Witness my hand and official seal.

My Commission expires: \_\_\_\_\_.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public  
Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_