



First Responder Psychology
5920 NE Ray Circle, Suite 170
Hillsboro, OR 97124
Phone: 971-727-5769 Fax: 971-223-0950

Consent for Release of Information

I, _____, authorize First Responder Psychology to release to:

Name: _____

Address: _____

Phone Number: _____

The following information

() A summary of counseling sessions and progress

() Session dates and fees

() Diagnoses

() Other, specify _____

This authorization is valid until _____. I understand that I may cancel or revoke this permission at any time in writing.

Client Name(s): _____

Signature: _____ Signature: _____

Date: _____ Date: _____