

Front Range Psychological Services
5738 Olde Wadsworth Blvd.
Arvada, CO 80002
Ph. 720-230-6863

Consent to Release of Information

I hereby authorize Front Range Psychological Services to release and obtain information during the course of treatment to the following:

Name

Telephone and/or Email

Relationship to Client

I agree that the medical information obtained pursuant to this authorization may be utilized for the purpose of processing claims for payment, explaining billing statements and services provided, aiding in continuing care and treatment, and facilitating understanding and support in recovery. This authorization shall become effective immediately and shall remain effective until the date upon which the patient shall no longer receives services from Front Range Psychological Services. Patient/guardian has the right to revoke this consent at any time, providing no action has been taken in reliance upon this form.

Client Name, Printed

Client (Parent/Guardian) Signature

Date

Provider Name, Printed

Provider Signature

Date