Home Office
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Cheyenne, WY 82001

Branch Office
1635 Foxtrail Dr.
Loveland, CO 80538

Tel: 307-632-7771
Fax: 307-632-9697

Consent for Evaluation and Release of Information

Your child/ward has been referred you to this practice for a psychological evaluation. Information obtained during the course of the evaluation will be reported to the referring case manager.

Your signature below acknowledges consent for your child/ward to participate in an evaluation, authorizes us to release a written report including photographs to the referring case manager and to consult with them as appropriate. Information obtained from your child/ward or others may not be released to any others without your written consent, unless we learn of risk to your child/ward or others, or we receive a court order or subpoena.

I understand and agree that the examiner is not providing healthcare or any psychological or counseling services to my child/ward, and I fully understand that within the context of this evaluation procedure my child/ward is not a patient of the examiner or the practice of Smith Psychological Services. I understand that the report may not be legally released directly to me or my child/ward by the examiner (contact the referring case manager concerning their policy regarding these documents). You are not responsible for the cost of this evaluation.

Identifying Information

Child/Ward's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

SSN # _____ DOB: _____

Medicaid/Medicare #: _____

Case Manager Name: _____ Phone: _____

Guardians Name: _____

I authorize Smith Psychological Services to receive and release information concerning my child/ward as appropriate, including confidential mental health treatment records, to complete a psychological evaluation. This authorization expires one year from the date hereof, unless I revoke it prior.

_____ _____

Guardian Signature Date