

Cressida A. Forester, Psy. D.

Licensed Psychologist, Psy 18902
www.cressidaforester.com
PO Box 1352 Boyes Hot Springs CA 95416

I hereby authorize

Cressida Forester, Psy. D/.....

to disclose to Cressida Forester, Psy. D.

the following information with the knowledge that such contact discloses the fact that I am receiving/have received psychotherapy.

The disclosure of information is required for the following purpose:

.....
And shall be limited to the following types of information (as circled):

- 1) Diagnosis
- 2) Pertinent summary of treatment
- 3) Pertinent summary of psychosocial history
- 4) Medical and neurological information including lab test results
- 5) Results of psych-testing and/or lab-work
- 6) Legal information
- 7) Educational assessment and behavioral reports
- 8) Other (specify)

This consent is subject to revocation by the undersigned at any time, and if not revoked earlier it shall terminate on

Date

Signed: Patient

.....

Psychotherapy & Consultation

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