

Freedom to Live Counseling

7025 Tall Oak Drive

Colorado Springs, CO 80919

719-233-4776

Release of Information Consent

Client's name: _____

I authorize Robert McIntire, MA to (circle one) Send Receive the following information:

___ Medical history and evaluation(s)

___ Mental health evaluations

___ Developmental and/or social history

___ Educational records

___ Progress notes, and treatment or closing summary

___ Other: _____

To / From:

Phone: