

Hannah Wedgley Nystrom, Ph.D.
Licensed Clinical Psychologist PSY18632

Consent to Release Information

I authorize Hannah Wedgley Nystrom, Ph.D. to discuss information that has been brought up during my psychotherapy or consultation with the following persons:

1. _____
2. _____
3. _____
4. _____

I also authorize Hannah Wedgley Nystrom, Ph.D. to receive any relevant information from the above persons.

This consent to release information is provided for the following reasons.

- | | |
|-------|----------------------------|
| _____ | Consultation/Psychotherapy |
| _____ | Medication Consult |
| _____ | Adjunct Treatment |
| _____ | Referral |
| _____ | Evaluation |
| _____ | Other (Describe): |
| _____ | |

I understand that I may revoke this consent at any time. This consent is in effect for five years from the date of the final session, unless revoked in writing earlier or renewed.

Signature: _____

Name (please print): _____

Date: _____

