

# Westchester Psychological Services

91 Smith Avenue  
Mount Kisco, NY 10549  
845-313-9049

www.WestchesterPsychologicalSvcs.com

## RELEASE FORM/CONSENT FOR CONSULTATION

Client's Name/Date of Birth: \_\_\_\_\_

I give permission for members of Westchester Psychological Services (WPS) to speak with the following individuals regarding my care:

---

---

---

---

---

---

---

Members of the practice may also have access to any relevant written documentation. All information received and/or reviewed will be kept confidential and will be used only to assure complete and accurate assessment and treatment of the above named client.

I am comfortable with communication that takes place (please initial):

- In person  
 Via telephone  
 Via email correspondence  
 Via written correspondence

**Client's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_