Aspen Psychological Services

Mary Jo Jeffres, Ph.D., LLC
Licensed Clinical Psychologist

Release of Information:

Date: _____

Information to be released to or from:

Provider or Agency: _____

Address: _____

Phone: _____ Fax: _____

Any treatment information including diagnosis and records or any treatment or examination rendered to me during the period from _____ to _____>

Signature/Guardian: _____

Patient Name: _____

Patients DOB: _____

Witness: _____

If providing or requesting records to or from Dr. Jeffres they can be sent to:

Mary Jo Jeffres, Ph.D.

103 N. 5th St. East

Riverton WY, 82501

Fax: 307-463-0891

Email: bleonardi@aspenpsych.com