

PSILOCYBIN PRODUCT AND END OF SESSION FORM

Instructions: This form has three parts. Service Centers complete the “Sale and Transfer of Psilocybin Products” to document the dose of psilocybin products sold and transferred to clients, including any secondary doses. Service Centers will also work with facilitators after the administration session to complete documentation of products that were transferred to clients but not consumed. The client consents to receive products by completing the “Client Acknowledgement” prior to beginning an administration session. Both a facilitator and the client sign the “Client Release from Administration Session” at the conclusion of the administration session to document a client’s release from an administration session.

This form must be stored in the client file and will not be submitted to Oregon Psilocybin Services (OPS) unless requested by OPS. Facilitators are also required to share the [Psilocybin Product Potency Information Document](#) with clients during a preparation session. The information document may support client decisions regarding the product types and dosage that align with their intentions for the administration session.

Client Name: _____

Facilitator Name(s): _____

Service Center Name: _____

Date of Administration Session: _____

1) Sale and Transfer of Psilocybin Products

This section documents primary and secondary doses of psilocybin products sold and transferred to clients for consumption during an administration session.

Please complete this section for every client that participates in an administration session. For clients who do not purchase secondary doses please write “N/A” for the secondary dose description.

Primary Doses

Description of psilocybin products to be transferred to the client (product type, dosage, quantity, UID, and price) as a primary dose:

Did client consume the entire amount of product transferred?

☐ Yes ☐ No

If no, why not? _____

If no, please describe what products were wasted (product type, dosage, quantity, UID): _____

Secondary Doses

A service center may permit a client to consume a secondary dose of psilocybin product during an administration session. If a client consumes secondary doses, the total amount of psilocybin analyte consumed must not exceed 50 mg.

The minimum duration of an administration session is dependent on the total amount of psilocybin a client consumes, including any secondary doses. The minimum duration is calculated from the time that the initial dose of psilocybin is consumed. After the minimum duration elapses, facilitators consult with client to determine whether continuing the administration session is necessary to ensure the client's safety or public safety.

Clients must purchase secondary doses prior to beginning their administration session and store the secondary dose at a designated secured location within the service center. If clients would like to consume secondary doses during their administration session, the licensee representative of the licensed service center may assist to retrieve the product. Clients must consume the secondary dose without assistance from the licensee representative or facilitator. If the secondary dose is not consumed, it must be returned unopened to the service center.

Clients who would like to purchase and consume secondary doses must provide written consent prior to beginning their administration session.

Description of psilocybin products the client plans to consume (product type, dosage, quantity, UID, and price) as secondary doses, if applicable:

Did the client retrieve secondary doses during their administration session?

☐ Yes ☐ No

Did the client consume secondary doses? ☐ Yes ☐ No

If no, why not? _____

If no, please describe what products were wasted or returned to inventory (product type, dosage, quantity, UID, and price refunded to client):

2) Client Acknowledgement

By signing below, I agree to receive the primary and secondary doses of psilocybin products described above during my administration session.

Client Signature: _____

Date: _____

3) Client Release from Administration Session

OPS rules state that facilitators must require a client to sign a release form that states that the client agrees to end their administration session. Facilitators are required to attempt to contact clients within 72 hours of the conclusion of an administration session to offer the client information on integration sessions and other services.

Beginning January 1, 2026, facilitators who are licensed under ORS 475A and by one of the boards listed below may provide health care or behavioral health care services to clients during preparation and integration sessions. Facilitators are required to notify clients if they will be providing health care or behavioral health care services under both licenses.

These boards include:

- Oregon Board of Licensed Professional Counselors and Therapists
- Oregon Board of Naturopathic Medicine
- Oregon Board of Psychology
- Oregon Medical Board
- Oregon State Board of Nursing
- Oregon State Board of Licensed Social Workers
- Oregon State Board of Pharmacy

Facilitators may not provide health care or behavioral health services to clients during preparation or integration sessions unless they are licensed by one of the boards listed above. Facilitators may not practice on any other professional license while providing administration sessions to clients at licensed service centers.

Facilitators must also document any post session reactions using the [Client Adverse Reaction Form](#).

To end an administration session, the following criteria must be met:

- The required minimum duration of the administration session at the licensed service center has been reached based on the total amount of psilocybin analyte consumed including any secondary dose.
- The client is comfortable being released from the administration session.
- The facilitator is comfortable releasing the client from the session.
- The client agrees to follow the terms of their transportation plan.

Date and time administration session concluded:

☐ I agree to conclude my administration session at the time listed above.

☐ I agree to follow the terms of my transportation plan.

Client Name: _____

Client Signature: _____

Date: _____

Time: _____

☐ I agree to release the client listed above from the administration session at the time listed above.

Facilitator Name: _____

Facilitator Signature: _____

Date: _____

Time: _____