Consent to release confidential information form

Note: This release of information remains in effect for one year from the date of signature unless otherwise notified.

I (client name):	
give permission for (counsellor name):	
To share the following information:	
With (other service provider/organisation name):	
Address:	
Phone:	
For the purpose of:	
Client's signature:	Date:
Counsellor's signature:	Date:
Coursellor's signature:	Date:

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