

**CONSENT FOR DISCLOSURE**

I hereby \_\_\_\_\_ to release  
authorize: \_\_\_\_\_ to

*(Name of Person/Agency Releasing  
Information)*

\_\_\_\_\_  
*(Name and Address of Person/Facility Requesting Information)*

the following information (therapeutic, education, medical, psychosocial)

\_\_\_\_\_  
*(Description of Information to be released)*

from the  
records of:

\_\_\_\_\_  
*(Name of Client)*

\_\_\_\_\_  
*(Date of Birth)*

\_\_\_\_\_  
*(Address of Client)*

I understand this information is to be used by the recipient for the purposes of

information  
sharing

other: \_\_\_\_\_

This consent allows both written and verbal communication. It can be withdrawn at any time by notification in writing.

-----

-----

Signature (Client/Parent/Legal Guardian)  
(DD/MM/YYYY)

Date

-----

-----

Please print name (Client/Parent/Legal Guardian)  
Relationship to client

Note: Authorization must be signed by the client if incapable, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is physically or mentally disabled to such a degree as to be incapable of giving consent, the next-of-kin may authorize release of information.