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AUTHORISATION FOR INTERNAL INFORMATION SHARING
TO RELEASE AND RECEIVE INFORMATION

Date:

I/We, [name(s)]:

Give permission to: (please circle all who apply)

Maria Schmid, Tricia Thomas, Shantelle Szuch, Nicole Berggren, Matthew Hayes, Pamela Groulx

To release, obtain and otherwise share only pertinent information relevant to my therapeutic goals

[attendance, goals, history, observations, treatment, recommendations]:

Information excluded from this agreement includes or will be discussed and noted by my practitioner:

Effective from the date above or otherwise revised date here until the termination of work together:

Client Signature(s) [Authorisation if typed]:

Practitioner Signature(s):