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, 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):