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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, 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):