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AUTHORISATION FOR RELEASING & RECEIVING INFORMATION AMONGST PSYCHOLOGIST PARTNERS

I/We, [your name(s) printed]:

Give permission to [please circle, highlight or underline all who apply]:

Maria Schmid, Tricia Thomas, Shantelle Szuch, Nicole Berggren, Renata Logan, Danielle Smith, Jason Stein, Pamela Groulx

To release and/or obtain and otherwise share pertinent information relevant to my therapeutic goals information [i.e. attendance, goals, history, observations, treatment, recommendations]:

Special notes or information excluded from this agreement or will be discussed and noted by my practitioner includes:

Effective from the date below until the termination of work together or otherwise will be revised and noted here:

Date:

Client Signature(s):