

**AMBER OKE-MAC NEIL, MSW, RSW, CSFT
Psychotherapy and Counselling**

CONSENT FOR DISCLOSURE OF INFORMATION

File Name: _____ **File Number:** _____

I, (name) _____,

hereby provide my informed consent and authorize (name and organization)

_____ ,
to release information to (name, title, organization, address) _____

concerning (names) _____

_____ .
I give this consent acknowledging that (YOUR NAME) has fully explained the following:

1) The information is required because: _____

2) The receiving party will use my information to: _____

3) The receiving party may pass the information on to a third party: _____



4) The potential repercussions of giving consent are: _____

5) The potential repercussions of refusing permission for the disclosure: _____

6) I can revoke this consent by calling (YOUR NAME) at (PHONE) and requesting this.

7) Only the following information will be disclosed by (YOUR NAME): _____

8) This consent will be valid from (date) _____

until (date) _____.

Date: _____ Signature: _____

Relationship: _____

Date: _____ Witness: _____