Brenda Petrie Psychotherapy & Consulting

Mailing Address:	Office:	Phone: 780-621-9254
P.O. Box 155	5219 Industrial Road	Fax: 780-514-1201
Tomahawk, AB	Drayton Valley, AB	Email: petrieps@telus.net
T0E 2H0	T7A 1S3	Website: brendapetrie.ca

AUTHORIZATION TO REQUEST AND/OR RELEASE CONFIDENTIAL INFORMATION

I, _____ _____,
(Name of Client) (Date of Birth)

Authorize the □verbal and/or □written release and exchange of my confidential psychological, psychiatric, medical, vocational, and/or other information as appropriate between the following specific individuals/organizations:

□ From □ To Petrie Psychotherapy & Consulting: _____
□ From □ To Spouse/Partner/Family Member: _____
□ From □ To Health Care Professional: _____
□ From □ To School: _____
□ From □ To Lawyer: _____
□ From □To Insurance Company: _____
□ From □ To Employer: _____
□ From □ To Ecclesiastical Leader: _____
□ From □ To Other: _____

Subject to the following exclusions and limitations:

_____

_____

I understand that I may revoke this consent at any time by informing the above parties in writing.

_____ _____
(Client Signature) (Date)

_____ _____
(Client Signature) (Date)

_____ _____
(Parent or Guardian Signature, If Required) (Date)

_____ _____
(Witness Signature) (Date)

This release of information remains in effect for one year from the date of signature unless otherwise notified.