

Lorri Yasenik Counselling, Consulting & Mediation Services

1316 15th Ave SW, Calgary Alberta T3C 0X7
Tel: 403-228-0011

CONFIDENTIAL

CONSENT FOR RELEASE OF INFORMATION

I, _____ give permission
to _____
Therapist

_____ to obtain information from _____

_____ to provide information to _____

Pertaining to:

Comments: _____

This consent is valid for the duration of services provided by Lorri Yasenik Counselling, Consulting & Mediation Services or may be withdrawn at any time in writing to Lorri Yasenik that consent has been withdrawn.

Date

Signature

Date

Signature