

**RELEASE OF INFORMATION AUTHORIZATION**



I, \_\_\_\_\_ (*Client*) hereby waive any rights or claims against PPC - Professional Psychologists & Counsellors (Prof. Corp.) or the Counsellor/Therapist \_\_\_\_\_ arising from this disclosure of information;

and I also hereby authorize PPC - Professional Psychologists & Counsellors (Prof. Corp.), or the Counsellor/Therapist \_\_\_\_\_ to release information contained in my client records to the individual or organizations listed below, and only under the conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Specific type of information to be disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. This consent is subject to revocation at any time, except in those circumstances in which the program has taken certain actions on the undersigned that the consent will continue un-revoked until the purpose for which the consent was given shall be accomplished.

4. Without expressed revocation, this consent expires on \_\_\_\_\_.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Witnessed

PPC-Professional Psychologists & Counsellors (Prof. Corp.)  
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