**CONSENT TO RECEIVE AND/OR RELEASE INFORMATION**

I, consent to the release of and/or request for information.

I consent to the disclosure of ONE of the following:

🞎 All information relevant to my **Individualized Aftercare Plan.**

🞎 Information limited to my attendance and participation

🞎 Specific information as follows:

*Note: A separate consent form needs to be signed for any person/agency who does not meet the above condition.*

I consent to the release/request of information to the persons/agencies listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Relationship/Position** | **Agency** | **Phone/Fax** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE**

Client Signature Date

Staff Member Signature Date

Expiry Date (6 months from signing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_