

Cortney Pasternak, M.Ed, RP, OACCPP
ontariotherapist.ca
Consent for Release of Information

I/We _____ give consent to Cortney Pasternak

_____ To **exchange** (give and receive) information about my counselling and services.

_____ To only **give** information information about my counselling and services.

_____ To only **receive** information about my counselling and services.

I/We understand that this information is being requested for the following purpose:

_____ I/We grant this permission for the duration of services provided by Cortney Pasternak

OR

_____ I/We grant this permission until the following date for a maximum of one year.

Date: _____

I understand that I have the right to revoke my consent to release information at any time. In order to revoke consent, I understand that I must inform Cortney Pasternak in writing and that will be effective immediately.

Signature

Date

Signature

Date

