



BIRD & ASSOCIATES

PSYCHOLOGICAL SERVICES INC.

Consent to Release/Obtain Information Form

In order to provide holistic treatment, it's often beneficial to collaborate with other professionals involved in **you or your child's/adolescent's** circle of treatment. In order to allow communication amongst individuals, consent must first be granted by yourself and/or a Legal Guardian of a child. Please be aware that consent to release or obtain information is voluntary and can be withdrawn at any time. Consent to release or obtain information expires 12 months after the consent date.

I, _____, hereby give _____ consent to **release** information to the people indicated below for the purpose of collaboration for my care. I understand that at any time I can notify my clinician and withdraw my consent to collaborate with the individual(s) indicated below:

For the purpose of: _____

I, _____, hereby give _____ consent to **obtain** information from the people indicated below for the purpose of collaboration for my care. I understand that at any time I can notify my clinician and withdraw my consent to collaborate with the individual(s) indicated below:

For the purpose of: _____

Name

Signature

Legal Guardian

Signature

Date

Expiry Date