

CONSENT TO OBTAIN & RELEASE INFORMATION

I, _____ (name
of client)
of _____
(address), hereby give my consent to _____
(practitioner's name), _____ (title)
of VOICE – Psychologists & Allied Professionals to seek, obtain and exchange any
relevant information requested, in verbal and/or written form from:

_____ of _____
_____ of _____
_____ of _____
_____ of _____

I understand that the obtainment and/or release of information is to be used for the
coordination of services provided to me by VOICE – Psychologists & Allied
Professionals.

Signed:

Witnessed:

Date:

Date: