



## Release of Information

I, \_\_\_\_\_ authorize Self Matters Counselling Services,  
*Name of Client*

to release / disclose:

\_\_\_ Written Records \_\_\_ Verbal Summary of Records (*Please initial*)

To and from:

\_\_\_\_\_  
Name of Person / Name of Organization

I specifically consent to the release of records pertaining to:

\_\_\_\_\_  
*(Specify nature, the reason for, and extent of information to be released - if any limitation)*

I understand that I may revoke this consent to release information at any time through written notification to Amanda Burns at Self Matters Counselling. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when:

Termination of Client's File or:

\_\_\_\_\_  
*(Date, event, or condition of expiration if any)*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date