Consent to Release of Information Form

Client Information

Name Click here to enter text.Date of BirthClick here to enter a date.

Address Click here to enter text.

City Click here to enter text. State/Prov Click here to enter text. Zip/Postal Code Click here to enter text.

Phone NumberClick here to enter text.

Coach Information

Name: Jennifer Cole

Address 815 Blackburn Mews

City Kingston State/Prov Ontario Zip/Postal Code K7P2N6

Phone Number 613-888-3600 Fax Number n/a

Who will the information be released to?

Name Click here to enter text. Relationship to ClientClick here to enter text.

Address Click here to enter text.

City Click here to enter text.State/Prov Click here to enter text.Zip/Postal Code Click here to enter text.

Phone NumberClick here to enter text. Fax Number Click here to enter text.

What can be released?

[ ] Whether you are receiving services with a coach

[ ] Prognosis (diagnosis, opinion of how treatment will benefit you, general issues about the situation)

[ ] Nature of the case (Services offered, purpose and philosophy of coaching)

[ ] Brief statement regarding progress (your response, your understanding of the situation and the SA/partner concept, progress or lack of progress on goals, cooperation with plan and goals)

Why is information being released?

[ ] Referral to other services

[ ] Coordination of care

[ ] Consultation with Doctor

[ ] Consultation with other mental health provider

[ ] Transfer of care

[ ] Other Click here to enter text.

Signature of Client Click here to enter text.Date Click here to enter a date.

This authorization lasts for one year after the date you sign it unless you enter a different date or expiration here:Click here to enter a date.. This authorization may be canceled in writing at any time. A photocopy/fax/email of this authorization will be treated in the same way as an original. Your signature indicates that you have read and understand this form, and authorize release of your information as described above. I understand that I may refuse to sign this authorization and that refusal to sign will not affect treatment.