



Consent to Release/Obtain Information

Information to be **released/obtained** by Julia Hintermeister

(of River Stone Psychotherapy)

Information to be shared from _____

(person and/or organization)

I consent to release/disclose of the following information _____

For the purpose of _____

I understand the purpose of this consent is to release/obtain information for the purpose of the therapy work being done with River Stone Psychotherapy. I understand how this information will be used. I am aware that I can withdraw this consent at any time and it will expire upon completion of counselling services.

Client Name

Parent/Guardian Name

Parent/Guardian Signature

Date (dd/mm/yy)

Counsellor Signature

Date (dd/mm/yy)