



Sandi Taylor Counselling & Consulting

1137 Simmons Dr.
Headingley, Manitoba
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(204) 330-7213
stcc@sanditaylorcounselling.ca

Release of Information

Name (First-Last)

Date of Birth

Name of Parent/Guardian (if client is a minor)

1. The above named individual hereby authorizes Sandra Taylor MTS, MSW, RSW, to communicate with the individual(s) and/or institutions listed below and to obtain written records from said individuals and institutions.

Name

Profession/Institution

Phone Number(0 - 0)

Email

2. I am requesting information for the purpose of participating in *(Select only one)*

- ☐ Counselling
- ☐ Guardianship Assessment
- ☐ Parent Capacity Assessment
- ☐ Custody and Access Assessment

3. I understand that this release grants permission to the individual(s) named to both obtain and/or release verbal information and/or written records which may be relevant to the current evaluation of the client(s) or their families. The released information may include information regarding the diagnosis and treatment of any mental health or substance abuse problem including psychotherapy notes.

4. This release shall be effective for 180 days commencing on the date of signing. This release may be revoked at any time by sending such notification in writing to Sandra Taylor at **stcc@sanditaylorcounselling.ca** or faxed to **(204) 889-6035**. However, such revocation will not be effective to the extent that Sandra Taylor and the professionals or institutions named above have taken action in reliance on this authorization.

5. *If release is intended for any assessment*, I understand that information disclosed pursuant to this authorization will be included in a written report submitted by the evaluator to the hiring parties and/or Family Court but may not be re-disclosed outside of that report unless so ordered by said parties and/or court or unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.

6. *If the release is intended for therapy*, I understand that the information obtained is for the sole purpose of adding to the therapeutic process and may not be re-disclosed outside of that process unless expressly permitted by the written consent of the person to whom it pertains.

7. A photocopy or facsimile of this release shall be as valid as the original.

☐ I have read the above and authorize the release of information.

Date (YYYY-MM-DD)