RELEASE OF INFORMATION

Authorization to Obtain and Release Information

Sandra Taylor Counselling & Consulting
1137 Simmons Drive, Headingley, Manitoba R4H 1E1
(204) 818-2609 | sandi@stcc.ca

CONFIDENTIAL

This form authorizes STCC to exchange information with the people or organizations you identify.
The authorization is valid for 180 days from the date signed unless revoked earlier in writing.
A scanned, electronic, photocopied, or faxed copy is as valid as the original.

Release of Information

Client and authorized contact information

1. Client Information

Client name *

Date of birth *

Parent or guardian name, if client is a minor

2. Person or Organization Authorized

Name *

Profession or institution *

Phone number

Email

Address, if applicable

Additional authorized individuals or organizations (include name, role, phone, email, and address)

3. Purpose of the Release

- ☐ Counselling or therapy
- ☐ Guardianship assessment
- ☐ Parent capacity assessment
- ☐ Parenting / custody and access assessment
- ☐ Parent coaching
- ☐ Parent coordination
- ☐ Other

If other, please specify

4. Information Authorized

- [ ] Assessment and diagnosis
- [ ] Treatment history
- [ ] Progress and attendance
- [ ] Mental health information
- [ ] Substance use information
- [ ] Psychotherapy notes, where specifically authorized
- [ ] Medical information
- [ ] Educational information
- [ ] Child welfare information
- [ ] Legal or court information
- [ ] Other

Specific limits, exclusions, or other instructions

5. Direction of Exchange

This authorization permits:

- ○ Both obtain and release
- ○ Obtain only
- ○ Release only

Additional directions about how information may be exchanged

6. Terms of Authorization

1. I authorize Sandra Taylor Counselling & Consulting and the person or organization named in this form to obtain and/or release relevant verbal information and written records for the purpose selected.

2. The information may include assessment, diagnosis, treatment, mental health, substance use, psychotherapy notes where specifically authorized, medical, educational, child welfare, legal, and other information relevant to the service.

3. This authorization is effective for 180 days from the date signed unless I revoke it earlier in writing. Revocation will not affect actions already taken in reliance on this authorization.

4. For an assessment, information received may be incorporated into a written report provided to the authorized hiring party, legal counsel, or court, subject to the applicable agreement, court order, law, and professional obligations.

5. For therapy or counselling, information obtained will be used to support the therapeutic process and will not be re-disclosed except with written consent or where permitted or required by law.

6. A scanned, electronic, photocopied, or faxed copy of this release is as valid as the original.

Revocation and questions

To revoke this release, provide written notice to Sandra Taylor Counselling & Consulting.

Email: sandi@stcc.ca

Phone: (204) 818-2609

7. Authorization and Signature

- [ ] I have read and understand this release.
- [ ] I voluntarily authorize the exchange of information described above.
- [ ] I understand that an electronic, photocopied, scanned, or faxed version is valid.
- [ ] I understand that I may revoke this authorization in writing, subject to actions already taken.

Client or guardian name *

Relationship to client

Electronic signature / typed name *

Date *

Submission instructions

Save the completed PDF and submit it using the secure method provided by STCC.

Do not email urgent or emergency information.

For questions: (204) 818-2609 | sandi@stcc.ca

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Completion of this form does not replace informed consent or a service agreement.