



6/385 McClelland Drive,
Langwarrin VIC 3910
03 5996 3804
admin@cramli.com.au
www.cramli.com.au

AUTHORIZATION FOR RELEASE FORM

Name	
Phone Number	
Address	
Date	

I understand that Victorian law requires each client's consent for the release of confidential information related to mental health or developmental disability. With this understanding, I hereby waive any right to confidentiality arising under Victorian law and authorize the release of records of information, but only the extent specified below.

I authorize CRAMLI Counselling and Wellbeing Services to release and/or receive the following information concerning myself or my child:

<input type="checkbox"/>	Case Notes
<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	Progress Notes
<input type="checkbox"/>	Treatment Plans and Summary
<input type="checkbox"/>	Assessments and Reports
<input type="checkbox"/>	Any and All Records
<input type="checkbox"/>	Other:

The above information is only to be released to, and/or from, the following party:

Agency	
Name	
Phone Number	

Title	
-------	--

This information is to be used for the purpose of:

This authorization shall remain in effect until _____ at which time it shall expire, and no further release of information shall be made under its terms. I understand that I can revoke this authorization at any time by giving written notice to the parties named above. I also understand that I have the right to examine and copy the information disclosed.

I hereby release the parties named above from any liabilities for release of this information.

Signature of Client

Date

Signature of Counsellor

Date