



**Sweetgrass & Sage  
Counselling and Assessment Services**

**25 Wentworth St., Unit 102**

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**Consent for Release / Exchange of Information for Self**

I, \_\_\_\_\_ born on \_\_\_\_\_ ,  
living in \_\_\_\_\_ with NSHC # \_\_\_\_\_  
give \_\_\_\_\_ Clinical Therapist with Sweetgrass &  
Sage Counselling and Assessment Services permission to discuss my case and exchange  
information, records and documentation with:

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In giving this consent I understand and agree that:

- Copies of reports or letters which Sweetgrass & Sage Counselling and Assessment Services writes to referral sources, medical practitioners, clinical specialists, legal bodies, child welfare, or other parties about me will be provided to me upon request.
- I have the right to an explanation, from Sweetgrass & Sage Counselling and Assessment Services.
- I may withdraw this consent or withdraw from services at any time and, if I do so, Sweetgrass & Sage Counselling and Assessment Services will retain only the right to tell anyone named above that I have withdrawn consent, without providing any further information about my clinical status.
- This consent permits staff and associates of Sweetgrass & Sage Counselling and Assessment Services to communicate with each other about my case.
- My consent will be valid for one year from the date I sign this form, and Sweetgrass & Sage Counselling and Assessment Services will not convey any information about me to anyone after that time without first obtaining my written consent.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date