



**Sweetgrass & Sage
Counselling and Assessment Services**

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Consent for Release / Exchange of Candidate Information

I, _____ born on _____ and now
living in _____ give Sweetgrass & Sage Counselling and
Assessment Services permission to discuss my progress with:

In giving this consent I understand and agree that:

- Copies of reports or letters which Sweetgrass & Sage Counselling and Assessment Services writes to professional bodies, or other parties about me will be provided to me.
- 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Sweetgrass & Sage Counselling and Assessment Services will retain only the right to tell anyone named above that I have withdrawn consent, without providing any further information about my clinical status.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 candidacy.
- My consent will be valid for two years 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 Candidate

Date

Signature of Witness

Date