

CONSENT TO SHARE INFORMATION

Date	
Client Name	
Client DOB	
Organisation/Individual	

Please accept this form as written consent for PERCEPTION PSYCHOLOGY MACKAY to discuss, obtain, and/or share information related to the Client identified above **to and from** the Organisation and/or Individual identified above.

This consent is valid for one year (12 months) from the date recorded above unless otherwise stated.

Signed:

Parent/Guardian Name (if Client under 18 years of age)