BOUNDARIES AND BRIDGES

Permission to Share Information with a Third Party

Client Name: _____ **Date of Birth:** _____

I, _____, authorize *Boundaries and Bridges* to share relevant information regarding my counselling sessions with the individuals or organizations listed below. I understand that this information will only be shared as necessary to support my care and well-being. I also acknowledge that I may revoke this consent at any time by providing written notice.

Authorised Third Parties

1. **Name:** _____
   Company/Organisation: _____
   Phone Number: _____
2. **Name:** _____
   Company/Organisation: _____
   Phone Number: _____
3. **Name:** _____
   Company/Organisation: _____
   Phone Number: _____

Terms of Consent

- I understand that this authorisation is voluntary and is not a condition of receiving services.
- I understand that I can withdraw this consent at any time by providing written notice, except where information has already been shared.
- I understand that *Boundaries and Bridges* will not disclose my information to any party not listed above unless required by law.
- This consent will remain in effect until _____ or until I provide written revocation.

Client Signature: _____ **Counsellor Signature:** _____

Date: _____ **Date:** _____