

## Consent to Release of Information

KW Counselling Services (KWCS) has a confidentiality policy, which protects the privacy of client records. Completion of this form authorizes the release of information as specified by the client.

### Please complete and sign this form if you:

<input type="checkbox"/> want an attendance letter for the following period of time: _____  <input type="checkbox"/> want a copy of your <input type="checkbox"/> entire file or <input type="checkbox"/> partial file (specify): _____  <input type="checkbox"/> give permission for KWCS to <input type="checkbox"/> share <input type="checkbox"/> obtain information from:  _____ <p style="text-align: center;"><i>(name &amp; address)</i></p> for the period of 1 year or from the date of signature below to: _____
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<b>Name:</b>	
<b>Address:</b>	
<b>Phone(s):</b>	
<b>Date of Birth:</b>	

<b>By signing this consent to release information, I:</b> <ul style="list-style-type: none"> <li>authorize the use or disclosure of my service information as described above.</li> <li>agree to pay any applicable administration fees before information is released.</li> </ul>		
<b>I understand that:</b> <ul style="list-style-type: none"> <li>I have a right to receive a copy of this authorization and I may revoke it in writing at any time.</li> <li>it may take up to four weeks to process my request.</li> <li>I will need to provide proof of identity prior to information being released to me and if the information is <i>not</i> picked up, it will be shredded after 30 days.</li> <li>if the case file contains confidential information provided by anyone other than myself, or a child of mine under the age of 12, I must obtain their written consent or accept that the information will be removed prior to copying the case file.</li> <li>the requested documentation will be reviewed and released by a KWCS staff member who is a licensed mental health practitioner and that this individual may not be the same provider with whom I have had previous contact.</li> <li>as a consequence of my decision to have a copy made of my file and to remove it from KWCS' premises, I hereby absolve KWCS of any further responsibility for the protection of privacy and confidentiality related thereto. KWCS remains responsible for adhering to its usual policies and procedures with respect to the confidentiality of the original file.</li> </ul>		
_____ <i>Client (or parent/guardian) name</i>	_____ <i>Client (or parent/guardian) signature</i>	_____ <i>Date</i>
_____ <i>Witness name</i>	_____ <i>Witness signature</i>	_____ <i>Date</i>