

EXCHANGE OF INFORMATION AUTHORIZATION



I, _____ hereby waive any rights or claims against PPC - Professional Psychologists & Counsellors (Prof. Corp.) arising from this disclosure of information;

and I also hereby authorize PPC - Professional Psychologists & Counsellors (Prof. Corp.), to release or obtain information to or from the individual or organizations listed below, and only under the conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made:

2. Specific type of information to be released or obtained:

3. This consent is subject to revocation at any time, except in those circumstances in which the program has taken certain actions on the undersigned that the consent will continue un-revoked until the purpose for which the consent was given shall be accomplished.

4. Without expressed revocation, this consent expires 12 months from the date below.

Client's Signature

Witness

Date Signed

Date Witnessed

PPC-Professional Psychologists & Counsellors (Prof. Corp.)
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