



Gary Hartford Counselling

302-909 Island Highway
Campbell River, BC V9W 2C2
Phone: 250 203 7898 Fax: 250 287 9540 (outgoing)
E-Mail: gary.hartford@gmail.com
Web: www.garyhartford.com

I, _____ hereby give my permission to _____
(name of client) (name of practitioner)

to contact the following person and/or agency: **Gary Hartford/ Gary Hartford Counselling**
FOR THE PURPOSE OF:

- Releasing information to Gary Hartford
- Receiving information from Gary Hartford

AGREE TO THE RELEASE OF THE FOLLOWING INFORMATION:

- Assessment / Treatment Summaries
- Medical Information
- Attendance and Progress
- Other:

DURATION OF RELEASE:

- one time release of information (authorization for 90 days)
- ongoing service provision (authorization for one year)

RELEASE THE INFORMATION:

Please check all boxes that apply and are deemed acceptable communication methods.

- By Phone (consults only – not for written purposes)
- By E-Mail (I understand that confidentiality **cannot** be guaranteed if this form of communication is used)
- By Fax
- By Mail

All information will be kept in strict confidence. I understand that I can revoke my consent at any time by informing my counsellor.

Signature of Client

Date:

Date Expires:

Signature of Guardian*

Date:

Date Expires:

Signature of Witness

Date:

Date Expires:

*Consent must be obtained from the parent or legal guardian if the client is a minor (under 12 years of age) or an adult who is incapable of providing informed consent.
