Austin Psychology
121 Rivett Crescent
Yellowknife, NT X1A 3S6
Phone: (867) 688-4956
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CONSENT FOR RELEASE OF INFORMATION FORM

I, _____ hereby give permission to Bryan Austin, Registered Psychologist, to:

☐ **obtain information from:_____**

☐ **provide information to:_____**

The following information from my records:

_____

_____

_____

The purpose or need for such disclosure is:

_____

_____

_____

This consent is valid for the duration of services provided by Bryan Austin, Registered Psychologist, or may be withdrawn at any time through written notification.

Date:_____ Client Signature:_____

Date:_____ Witness:_____

_____
Signature of parent, guardian, or Authorized representative (when Required)