



Release of Information Form

I, _____ hereby authorize
Sonya Jakos of Elevate Counselling to share, release and gather information about me
with the following individuals and/or agencies:

- _____
- _____
- _____
- _____
- _____

I consent to the sharing of information via:

- Conventional means (e.g. landline) _____
Initial
- Electronic means (e.g. cell phone, email, text) _____
Initial

I understand that the purpose of gathering and sharing information is only on an as need basis, in consultation with me, to assist with counselling goals I have.

This authorization is effective _____ and will expire _____

I may revoke my permission to share information, with written notice to Sonya Jakos of Elevate Counselling, at any time.

I am:

- a) The consenting individual named above b) The legal guardian of the individual named above

Name: _____

Name: _____

Signature: _____

Relationship to individual: _____

Signature: _____

Counsellor Name: _____

Counsellor Signature: _____