

## Authority to Exchange Information

I, \_\_\_\_\_ authorise BMD Psychology Consulting to obtain from and/or release to the following persons or organisations:

Release information

Obtain information

Organisation Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

any personal or confidential information, including:

- medical
- psychiatric/psychological
- drug/alcohol
- legal/court
- educational
- therapy/counselling
- other: \_\_\_\_\_
- forensic
- employment
- evaluations
- consultations
- report

The purposes of obtaining and/or releasing such information may include, but are not limited to, contributing to evaluations or assessments, assisting with treatment planning and/or treatment delivery, and providing recommendations and reports.

I understand that this information will be used for professional purposes, will remain confidential and may not be disclosed to unauthorised third parties. I can revoke this authorisation at any time in writing, except to the extent that action upon it has already been taken. I permit this authorisation for a period not exceeding one year. I understand that a copy of this release is as valid as the original.

Client Name PRINTED: \_\_\_\_\_

Date of BIRTH: \_\_\_\_\_

Client SIGNATURE: \_\_\_\_\_

TODAY's Date: \_\_\_\_\_