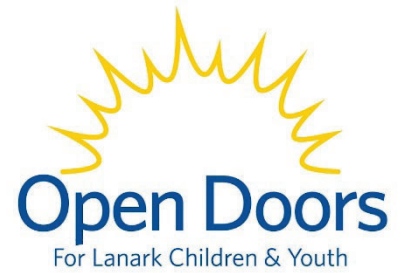


OPEN DOORS FOR LANARK CHILDREN AND YOUTH  
**CONSENT TO DISCLOSE AND OBTAIN INFORMATION**



CLIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGENCY CLIENT ID: \_\_\_\_\_

I, \_\_\_\_\_ **(CLIENT)** authorize *Open Doors for Lanark Children and Youth* to disclose and obtain information from my clinical record to the service or organization listed below:

**OR**

I, \_\_\_\_\_ am the  
PARENT  GUARDIAN  AUTHORIZED PERSON  authorized to provide consent for disclosing and obtaining information for \_\_\_\_\_ **(CLIENT)**

I authorize *Open Doors for Lanark Children and Youth* to disclose and obtain information to the service or organization listed below:

ORGANIZATION/SERVICE \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT INFORMATION: PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**THE INFORMATION TO BE DISCLOSED AND OBTAINED INCLUDES THE FOLLOWING:**

**I UNDERSTAND THAT:**

- Information gathered will be treated confidentially and will be used for providing mental health services for my child and family or myself.
- I may revoke this consent at any time.

**CONSENT IS VALID FROM:** \_\_\_\_\_ **TO** \_\_\_\_\_

**My signature below indicates that the above information has been explained to my satisfaction and is clearly understood by me**

FULL NAME OF CLIENT: \_\_\_\_\_

SIGNATURE OF CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

FULL NAME OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_

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

DATE: \_\_\_\_\_

*Notice of confidentiality: The information in this message, including any attachments, may be privileged and may contain confidential information intended only for the addressee(s). Any other distribution, copying, use, or disclosure is unauthorized and strictly prohibited. If you have received this in error, or are not the named recipient(s), please notify the sender immediately and destroy or permanently delete the message, including any attachments, without making a copy.*