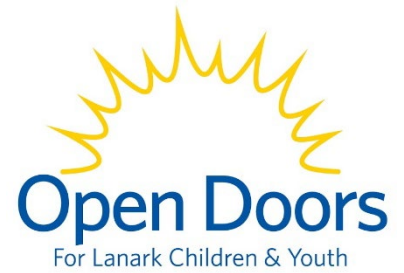


OPEN DOORS FOR LANARK CHILDREN AND YOUTH
CONSENT TO DISCLOSE AND OBTAIN INFORMATION



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.