

## Consent to the Disclosure, Transmittal, or Examination of a Psychological Record

(Address)  ereby consent to the disclosure or transmittal to, or examination by:  (Name of person, agency, or inallitation)  f	(Address)  nereby consent to the disclosure or transmittal to, or examination by:  (Name of person, agency, or inalliation)  (Identity material: clinical record, report, file, etc.)  compiled/prepared by:  (Name or names as appropriate)  in respect of  (Name of client(s), or "Myself")  for the purpose of  Nature of the information to be released  (Signature)  (Willness)*	/eW	
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<sup>\*</sup> In the absence of other convenient witnesses the psychologist may serve as witness.

<sup>&</sup>quot;The client may rescind or amend this authorization in writing at any time prior to the explry date, except where action has been taken in reliance on the authorization.