

AUTHORIZATION FOR EXCHANGE OF INFORMATION

I/We _____ (client) authorize Joanna Jewell, MA. R. Psych., to release or obtain the following information:

- Physical health
- Psychological Health
- Counselling progress
- Legal Concerns
- Other

from _____ (physician, therapist, (other) _____). I understand I may revoke this consent at any time.

_____ (signature of client)

_____ (witness)

_____ (date)