



Consent to Obtain and/or Release Information

Client name: _____ Date of birth: _____

Email address: _____

I, _____ (*print name*), provide consent for the employees of
Evo Psychology to:

Obtain information from:

(e.g. previous practice details to request a file transfer to Evo Psychology)

Professional's name: _____ Organisation name: _____

Address: _____

Telephone number: _____ Fax number: _____

If you only want specific information obtained, please specify:

and / or

Provide information to:

(e.g. to liaise with a third party about your treatment)

Professional's name: _____ Organisation name: _____

Address: _____

Telephone number: _____ Fax number: _____

If you only want specific information obtained, please specify:

I have been informed and understand how this information will be used, and that this information will not be released to any third party except as outlined above.

Client name: _____ **Signature:** _____

Date: _____