



Leslie Burgat Counselling

Agreement to release or receive client information

Consent to *Release* Information

I _____, client of Leslie Burgat
Counselling hereby give my written consent for sharing the following information:

with _____ for the
purposes of treatment planning. I understand that information shared above will
not be disseminated further without my knowledge and expressed consent.

(Client Signature) (Date)

Consent to *Receive* Information

I _____, client of Leslie Burgat
Counselling, hereby give my written consent for
_____ to share the following information:

_____ with Leslie
Burgat, for the purposes of treatment planning. I understand that information
shared by the party mentioned above will not be disseminated further without my
knowledge and expressed consent.

(Client Signature) (Date)