

# leanne toews

Independent Child, Youth & Family Consultant

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## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ (*PRINT CLIENT NAME*), give permission, on this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and for the next 30 calendar days (unless otherwise noted below), for Leanne Toews, Independent Child, Youth & Family Consultant (RCC #12656) to contact the following individual(s):

NAME: \_\_\_\_\_ RELATIONSHIP TO CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

For the purpose(s) of:

## INFORMATION TO BE RELEASED

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

By way of my signature above, I am hereby permitting Leanne Toews, Independent Child Youth & Family Consultant to receive information pertaining to the services provided under a Professional Services Agreement and/or an Order of the Court(s) for the above-referenced purpose(s), and shall have no cause or claim against Leanne Toews, Independent Child Youth & Family Consultant for the receipt of this information and use of that information as permitted by the Agreement(s)/Order(s) and by all relevant legislation afforded by law and governed by the professional association(s) in the areas of mental health and counselling practice.