

CONSENT TO DISCLOSE INFORMATION

I/We, _____, living at
_____, give consent for the disclosure of information regarding
my file either verbally or in writing to or from the following:

- ☐ Ontario Works / ODSP _____
- ☐ Medical Practitioner _____
- ☐ Psychiatrist _____
- ☐ Lawyer _____
- ☐ Case Manager _____
- ☐ Outreach Worker _____
- ☐ Children's Aid Worker _____
- ☐ Family _____
- ☐ Other (Specify) _____

This consent remains in effect until: _____
Date (d/m/y)

I/we have been informed and understand the nature of the consent.

Date (d/m/y)

Client

Witness