

Ros Best Counselling

Rosalyn Best, RCC, CAC, MoC, MEd

Counselling for Middle and Older Generations

Living lighter, one story at a time...

Consent to Release Information

In order to support my continued growth, I, _____ (client)
give permission for _____ (practitioner name)
who is my _____ (job title) to share information about my care
as outlined below with my therapist, Rosalyn Best, RCC, CAC, MoC, MEd.

Client Signature _____ Date: _____

Please initial all that apply:

- _____ The practitioner may speak about the care I have received, including any diagnosis, prescriptions and treatment plans.
- _____ The practitioner may share treatment notes, files and documents as requested.
- _____ _____ (Any additional specifics).

In order to support my continued growth, I, _____ (client)
give permission for my therapist, Rosalyn Best, RCC, CAC, MoC, MEd, to share
information about my care as outlined below with _____
(practitioner name) who is my _____ (job title).

Client Signature _____ Date: _____

Please initial all that apply:

- _____ You may speak about the care I have received, including any diagnosis, prescriptions and treatment plans.
- _____ You may share treatment notes, files and documents as requested.
- _____ _____ (Any additional specifics).

This permission is granted for a period of six months from the date signed and can be retracted in writing by the client at anytime.

Ros Best Counselling

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