

Aveeve McLaughlin, MSW, RSW

161-3 Stafford Street

Winnipeg, MB

R3M 2V8

Consent to Release/ Exchange Confidential Information

I/We _____ (client) authorize Aveeve McLaughlin, MSW, RSW to release or obtain the following information:

- Physical health
- Psychological Health
- Counselling progress
- Legal Concerns
- Other

To/From:

I understand I may revoke this consent at any time.

Client Name: _____

Client Signature: _____

Guardian Name: _____

Guardian Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____