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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 Coastality, a division of 1220670 B.C. LTD. to contact the following individual(s):

NAME: _____ RELATIONSHIP TO CLIENT: _____

ADDRESS: _____ PHONE: _____

E-MAIL: _____ FAX: _____

INFORMATION TO BE RELEASED

(i.e. start and end dates of counselling, length of sessions, number of sessions, general therapeutic approaches/modalities used, etc...)

INSERT NAME

the "Client"

_____ Date: ____/____/____

MM DD YYYY

By way of my signature above, I am hereby permitting Coastality, a division of 1220670 B.C. LTD., to provide 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 Coastality or any of its directors, officers, agents, contractors, subcontractors, employees, subsidiaries, and affiliates 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.