

***Around the Corner Counselling Ltd.***

8617 104 Street

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Phone: 780-318-1480 / Fax: 587-410-6920

info@aroundthecornercounselling.com

**Consent for Release of Information**

I, \_\_\_\_\_, hereby give consent for:  
(print client name)

**Around the Corner Counselling Ltd.**

to release confidential information to \_\_\_\_\_  
( )

regarding: \_\_\_\_\_

in order to support counselling work with me.

This information will be held in strict confidence and will not be shared with other parties.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_