



Authorization to Disclose

I/We release to/from: New Perspectives Counselling confidential information about:

This personal information provided/received by: Caroline Krupica, M.S.W, R.S.W, Doctoral Psychology Student.

The purpose of disclosure is to:

The nature of information to be disclosed is as described:

Authorizing Person (Client):

Relationship to Client:

Signature of Authorizing Individual: Max 1 Year.

Phone #: Date: Expiry Date:

Notice for individual(s) receiving this information: This information is not to be shared with any individual other than the person listed on this form and is not to be released to other agents without the client's written consent. The authorizing individual may cancel this disclosure/release of information in writing at any time prior to the expiration date.