pete lewis
PSYCHOTHERAPY

www.petelewis.com.au

CONSENT TO RELEASE INFORMATION

CLIENT INFORMATION

Full Name : _____

Date Of Birth : _____ / _____ / _____ **Gender** : ☐ Male ☐ Female

Address : _____

Mobile Numer : _____ **Other Number** : _____

Email : _____ **Email 2** : _____

OBTAINING INFORMATION FROM OTHER AGENCIES

I consent to Pete Lewis Psychotherapy obtaining information from the agencies/individuals listed below, that is considered necessary and relevant to my psychological wellbeing and management. Examples of such information may include medical reports, mental health history, behavioural information, current difficulties, hearing/vision assessments and any other relevant allied health professionals' reports. This information will be used to better understand you, assist you, and assist with psychological treatment plans.

Name of Agency/ Individual	Contact Number	Email

RELEASING INFORMATION TO OTHER AGENCIES

I consent to Pete Lewis Psychotherapy releasing information to the agencies /individuals listed below, that is considered necessary and relevant to my psychological wellbeing and management. Examples of such information may include psychological reports, diagnoses, behavioural information, mental health history, current difficulties, and support strategies. The information shared will be that to further understand and assist you.

Name of Agency/ Individual	Contact Number	Email

NOTE: This authority is valid for twelve (12) months from the date signed.

_____ **Signature** _____ **Print your Name** _____ **Date**

Clients under the age of 16 (Legal Guardian Authority)

_____ **Signature of Legal Guardian** _____ **Name of Child** _____ **Date**

More Information :

13 Harris Street, Camden Park NSW 2570

0418 485356

info@petelewis.com.au

ABN: 66 251 108 707

THANK YOU

Withdrawal of Consent

(only use if wanting to withdraw permission to share information).

I, _____ , withdraw my consent to share information with the above-mentioned agencies/ individuals.

_____ **Signature** _____ **Date**