

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I hereby authorize and permit \_\_\_\_\_ (office telephone \_\_\_\_\_, email \_\_\_\_\_) to speak with my parenting coordinator, **John-Paul E. Boyd, KC**, about: myself, my children and my family in general; any treatments and therapies you may be providing to me and to my children; and, your professional opinions, observations and recommendations about me, my children and my family in general. I also authorize you to release to John-Paul Boyd any clinical notes, records or reports concerning myself and my children you may have prepared.

Signed at the City or Town of \_\_\_\_\_, in the Province of \_\_\_\_\_.

**Signature:** \_\_\_\_\_

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