

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, QC**, 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: _____