**CONSENT TO RELEASE INFORMATION**

I, …………………………………………………………………….... Date of Birth …………………………

hereby authorise and request **Goodluck Consultancies Pty Ltd** to release information regarding myself and/or …………………………………………………………………….... Date of Birth ………………………… to

…………………………………………………………………………………………………………………..

(specify name of organisation or person)

I also authorise Mr. Gregory Goodluck, psychologist from **Goodluck Consultancies Pty Ltd** to communicate in writing and/or verbally with the above company/organisation regarding information relevant to my treatment by the named psychologist.

EXTENT or NATURE of information to be released:

Including: …………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

Excluding:

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

In authorising this release, I understand that this information will be used for the purpose of providing information that may benefit my/their treatment. I am aware that I may rescind this permission at any time either verbally or in writing.

Signature …………………………………………

Name …………………………………………

Date …………………………………………