**CONSENT TO RELEASE INFORMATION**

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

hereby authorise and request …………………………………………………………………………………...

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

(specify name of organisation or person)

to release information regarding myself and/or ………………………………. Date of Birth …..……………… to Mr. Gregory Goodluck, psychologist of **Goodluck Consultancies Pty Ltd**.

I also authorise the named psychologist to communicate in writing and/or verbally with your company/organisation regarding information relevant to my/their 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 …………………………………………