



AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ with DOB _____ hereby give permission to Age To Age to release information to or retrieve information from:

- I am requesting confirmation note of my attendance from my therapist with treatment implemented (\$55.00 fee).
- I am requesting confirmation of a progress report of my sessions with treatment plan (\$155.00 fee).
- I am requesting confirmation of a progress report, sessions, treatment plan, SA-45/other assessments (\$185.00 fee).
- I authorize Age To Age counsellors to discuss verbally, a synopsis of my counselling sessions (Free)

I am authorizing release of information to the following person(s):

_____ Name of Person	_____ Telephone	_____ Email address
_____ Name of Person	_____ Telephone	_____ Email address
_____ Name of Person	_____ Telephone	_____ Email address
_____ Name of Person	_____ Telephone	_____ Email address
_____ <i>Signature of client</i>	_____ <i>Date</i>	
_____ <i>Signature of witness</i>	_____ <i>Date</i>	

Age To Age Training, Education and Counselling Inc.

Mailing address: 184 Waterbury St. Bolton, On. L7E 2H9.

Office Telephone:905-533-1334 Email: info@agetoage.ca

Webiste:www.agetoage.ca; www.harrisonmungal.com; <https://twitter.com/agetoagec>.

PLEASE NOTE FOR OUR OFFICE LOCATIONS CONTACT OUR MAIN OFFICE AT 905-533-1334
Brampton (2 offices), Toronto (2 offices), Mississauga and Scarborough.