



CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, consent and authorize the Counsellor,
_____, CPCA Member # _____ to speak to, and exchange written
information with, the following Individuals, professionals, &/or agencies listed below:

1. CPCA Complaints Committee
2. CPCA Discipline Committee

regarding counselling sessions, assessment, treatment planning, and relevant clinical information deemed necessary to respond to the complaint that I have submitted to the CPCA dated _____.

I understand this consent is valid until the end of the discipline process and any appeals arising therefrom.

I certify that I have clarified anything I do not understand about this authorization for consent and that this form is fully understood by me.

Signature

Printed Name

Witness

Printed Name

Date consent given: _____

OFFICE USE ONLY

Date received _____

Reviewed by _____ Title _____

Consent accepted as valid Yes No