

Release of Information

I/We _____ consent to have information regarding myself/ourselves released from:

To:

Emma Patenaude of Care Counselling, Registered Professional Counsellor, Canadian College of Professional Counsellors and Psychotherapists Registrant.

I also agree to have information regarding myself released

From Emma Patenaude to:

For the following purposes:

Signed this date:

Print name and sign:

Print Name and sign:

Emma Patenaude – (306) 821-6967 or epatenaude0@gmail.com
B.A. Psychology, RPC (Registered Professional Counsellor), CCPCPR (Canadian College of Professional Counsellors and Psychotherapists Registrant)