



1 Windsor Drive Riverside Tasmania
Po Box 24
Newstead 7250

Tel: (03) 63272947
Fax: (03) 63271199
Mobile: 0459492677

**CLIENT'S PERMISSION TO OBTAIN AND RELEASE
MEDICAL AND PERSONAL INFORMATION**

Please read the following carefully and do not sign this consent form if you do not understand it or do not agree with its terms:

I _____ Date of birth: _____

Agree that the information I provide/provided to _____
from Windsor Psychology during the course of _____

My psychological assessment, treatment planning & on-going care and/or any other health, welfare or education service provided to me by Windsor Psychology (tick box if applicable) – AND/ OR

The following information (specify) _____

_____ (tick box if applicable).

can be shared with:

This permission is valid from _____ to _____ (dates).

Signed: _____

Name: _____

Date: _____