

Sample Consent Form

Consent for the Release of Confidential Information

I, _____, authorize XYZ Clinic to receive
(name of client or participant)

from/disclose to _____
(name of person and organization)

for the purpose of _____
(need for disclosure)

the following information _____
(nature of the disclosure)

I understand that my records are protected Legal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically on _____ unless otherwise specified below.
(date, condition, or event)

Other expiration specifications:

Date executed

Signature of client

Signature of parent or guardian, where required