



## Client Consent to Exchange Personal Information Adult Client

Name of Client: .....

As part of the assessment and therapy process, it is helpful for your psychologist to liaise with other people or agencies that are relevant to your therapy goals.

I give Outlook Psychology my consent to obtain from or provide information to the following stakeholders and health care professionals/agencies.

I understand that I can withdraw my consent at any time.

Relationship	Y/N	Name and Contact Details	If applicable, specify Limitations
Next of Kin			
Psychiatrist			
GP			
School			
Other (please specify)			

**I acknowledge that I have read, understand and agree to the above information:**

Name of Client (or guardian): .....

Signature of Client (or guardian): .....

Date: .....