

Adelaide Hills Inclusive Counselling

Consent to share information

Dr Stephanie Russell

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Permission is given for your therapist – Dr Stephanie Russell – to obtain and exchange appropriate written, electronic or verbal information with the following persons/agencies (tick):

- NDIS
- Insurance company (name):
- Psychologist (name):
- Psychotherapist (name):
- Counsellor (name):
- General Practitioner (name):
- Parent 1 (name):
- Parent 2 (name):
- Partner (name):
- Other (details):

Permission is given until I withdraw my authority in writing, or until the following date:

Please sign and date this page to indicate that you agree to grant permission as stated.

Name:	Signature:	Date:
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Guardian or Parent if applicable:	Signature:	Date:
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