

CONSENT FOR THE RELEASE OF INFORMATION

I hereby authorize the _____
(Name of Organization making disclosure)

to disclose records concerning _____
(Name of client)

to the
TEEN CHALLENGE OF CENTRAL CANADA
414 EDMONTON STREET
WINNIPEG MB R3B 2M2

I understand that such disclosure will be made for the following purpose:

For use in intake considerations and for determination of courses of treatment necessary as part of the rehabilitation program.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it. If not earlier revoked this consent expires 30 days from the date of this letter.

Signature of Student/Client

Date

Signature of Witness

Date