CATHERINE LOTRIONTE

Psychological Counselling Service

Permission to exchange information

In signing this form I, _____ give permission to Catherine Lotriontе to exchange information with others relevant parties. I understand that this valuable communication between those involved in my treatment is sometimes necessary to ensure the effective ongoing management of my treatment.

I give ongoing permission to Catherine Lotriontе to exchange information with the names listed below:

Name	Address	Contact Number

I understand that the information exchanged will be treated confidentially, in the interest of the ongoing effective management of my treatment.

Signature: _____ Date: _____

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