



NICK CARDONE RCT-C, CCC, M.ED.
COUNSELLING, PSYCHOTHERAPY, ADVENTURE THERAPY
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CONSENT TO RELEASE AND OBTAIN INFORMATION

I _____ born on _____

And now living at {address} _____ authorize

Nick Cardone and/or Brian Braganza to release/obtain information regarding me to/from the following:

(Name of person/persons or Agency/Agencies)

By Signing this consent I understand this document remains in effect for a period of one year from the date signed. I may withdraw this consent or withdraw from services at any time. If I do so, **Nick Cardone, Registered Counselling Therapist** will retain only the right to inform said parties (listed above) that I have withdrawn consent.

In general, information is released or obtained in written form, however it is not unusual for information to be released or obtained by other means {e.g. telephone, person to person}. If clients have any concerns they are encouraged to discuss in advance their therapist.

I, _____ understand and accept these conditions. I also acknowledge that these conditions have been discussed with me prior to the release of any confidential information.

Signature of Client

Date

Signature of witness

Date