



Mind Matters
Counselling Services Inc.

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Release of Information

I, _____ (Name of Client) _____ (Birth Date)

Agree to release the following information,

- Assessment / Treatment summaries
- Attendance and Progress
- Medical Information
- Other

I agree to have this information released:

- From To Psychologist _____
- From To Spouse / Partner _____
- From To Physician / G.P _____
- From To Insurance Company _____
- From To Employer _____
- From To Other _____

I agree to have this information released via:

- Fax Email*
- Phone Mail

*I understand that confidentiality **cannot** be guaranteed via email

Client Signature

Date

This consent is valid for 90 days from the date specified above. The client may cancel the release at any time with verbal or written notice to Kevin Ruddell