MARILYN WEBB

M.Ed. CCC

Stratford Office:
33 ½ Glencove Drive
Stratford, PE
C1B 1Y2

Charlottetown Office:
1 Rochford Street
Charlottetown, PE
C1A 9L2

Telephone: (902) 388-4233
Email: marilyn@marilynwebb.ca
Website: www.marilynwebb.ca

RELEASE OF INFORMATION

I, _____ give my permission to _____
(Client's name) (Marilyn F. Webb M.Ed.CCC)

To speak with and obtain information that may be confidential regarding myself

From _____ Of _____.
(Person's name) (Organization/workplace)

I specifically give permission to discuss the personal information listed below:

This consent is valid **only** during the following period of time:
_____ To _____
(Day/month/year) (Day/month/year)

I understand that the information being obtained/released will be used solely for the purpose of providing information to aid in service delivery and will otherwise be kept in confidence.

_____ _____
(Client's signature) (Date)

_____ _____
(Therapist's signature) (Date