



Client Information			
Name:			
Date of birth:	Day	Month	Year

I hereby authorize _____ of Benedict Associates Ltd., to discuss or exchange information about me or my child(ren) with the following individuals or agencies for the purposes of coordinating care/services:

Name of Person and Agency	Profession Relationship	Contact number Email

This release should include information related to the following child/children:

Name of child	Date of birth	School

I understand that I can revoke any part of this agreement in the future by written request to Benedict Associates Ltd.

Client Signature _____ Date _____
Day Month Year

Benedict Counselor Signature _____ Date _____
Day Month Year