



CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby authorize Patricia M. Pike of CanAm Interventions
Name of Client/Patient: Name of Case Manager:

Name of Organization: to disclose () or obtain () for information to the following persons involved in my care: Date: _____ to _____

_____ of _____
Name of Person Title Name of Organization

The disclosure of () and/or request for () information is limited to the following specific types of information:

_____ of _____
Name of Person Title Name of Organization

The disclosure of () and/or request for () information is limited to the following specific types of information:

I understand that the purpose of this request is for consultation purposes and to assist Patricia Pike in the formulation of a plan for my ongoing treatment services.

In addition, I understand that this consent is subject to revocation by myself at any time. If not earlier revoked, it shall terminate on: _____.

(Date)

DATE SIGNED:

CLIENT SIGNATURE:

PRINT NAME OF WITNESS:

WITNESS SIGNATURE: