



CONSENT TO DISCLOSE INFORMATION

I/We, _____, of _____,
give consent for the disclosure of information regarding my file either verbally or in
writing to or from the following:

- Ontario Works / ODSP. _____
- Medical Practitioner _____
- Psychiatrist _____
- Lawyer _____
- Case Manager _____
- Outreach Worker _____
- Children's Aid Worker _____
- Family _____
- Other (specify) _____

This consent remains in effect until: _____
Date (m/d/y)

I/we have been informed and understand the nature of the consent.

Date (m/d/y)

Client

Witness