

**LORA BRADFORD, REGISTERED PSYCHOTHERAPIST (CRPO #003717)**

From:

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Tel./Email:

\_\_\_\_\_

To: **Lora Bradford, RP**

**Lakeridge Counselling and Consulting Services**

**406A-4473 Innes Road, Orleans K4A 3J7**

**Consent/Request to Release Information**

I request Lora Bradford release the following information from my record (*please specify*):

\_\_\_\_\_  
\_\_\_\_\_

The above specified information is to be released to (*please specify the name of person or organization you wish your information be released to*)

\_\_\_\_\_  
\_\_\_\_\_

I have been informed and understand that all special services such as reports, treatment updates, letters and other communication with third parties, on my request, are billed at the hourly rate.

This consent for release of information is valid from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

\_\_\_\_\_  
Name of person providing consent

\_\_\_\_\_  
Date MM/DD/YYYY

\_\_\_\_\_  
Signature of person providing consent