

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*)

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

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