



CONSENT TO COMMUNICATE

I hereby authorize representatives of Crossroads Centre to communicate with the following persons:

This consent is valid until the _____ day of _____, 20____ .

Client Name (print)

Client Signature

Witness Name (print)

Witness Signature

Dated the _____ day of _____, 20____ .

Note: I have been advised of the nature and effect of this consent and provide consent voluntarily.



CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A RECORD
(compiled by Crossroads Centre)

I, _____
(print full name)

of _____
(address including postal code)

hereby consent to the disclosure or transmittal to or the examination by

(name of agency/service provider)

of the record or service compiled in **Crossroads Centre**

in respect of _____ **D.O.B** _____
(name of client) DD/MM/YYYY

for the purpose of (specify) _____

This consent is valid until the _____ day of _____, 20____ .

Client Name (print)

Client Signature

Witness Name (print)

Witness Signature

Dated the _____ day of _____, 20____ .

Note: I have been advised of the nature and effect of this consent and provide consent voluntarily.



CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A RECORD
(compiled by external service provider)

I, _____
(print full name)

of _____
(address including postal code)

**hereby consent to the disclosure or transmittal to or the examination by
Crossroads Centre**

of the record or service compiled in _____
(name of agency)

in respect of _____ D.O.B _____
(name of client) DD/MM/YYYY

for the purpose of (specify) _____

This consent is valid until the _____ day of _____, 20_____ .

Client Name (print)

Client Signature

Witness Name (print)

Witness Signature

Dated the _____ day of _____, 20_____ .

Note: I have been advised of the nature and effect of this consent and provide consent voluntarily.