



4807 Georgia Street, Delta, BC V4K 2T1 • Tel: (604) 946-0401 • Fax: (604) 946-8429 • www.gatewaysociety.org

AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

I, _____ hereby authorize and request Gateway Society
(Parent/Guardian Name) (Name of Behavioural Consultant)

to obtain verbal and/ or written information about my child, _____,
(Name of Client)

DOB: _____, and presently residing at _____,
(Date of birth of client) (Address of Client)

for the purposes of referral and admissions to the Behavioural Support Program ;
(Assessment and intervention planning)

From the following individuals and following purposes:

1. _____ Release of / _____ Reival of _____ Referral form PANTER/BCAAN form/diagnostic report_ from:
(select statement that applies) (Type of information ie. Reports, assessments, profiles)

Bharti Megha Social Worker Ministry for Children and Family Development
(Name) (Title) (Address/Place of work)

2. _____ Release of / _____ Reival of _____ from:
(select statement that applies) (Type of information ie. Reports, assessments, profiles)

(Name) (Title) (Address/Place of work)

3. _____ Release of / _____ Reival of _____ from:
(select statement that applies) (Type of information ie. Reports, assessments, profiles)

(Name) (Title) (Address/Place of work)

I hereby waive Gateway Society, its Employees and Agents, of any responsibility for any consequences which may be adverse to me as a result of the disclosure of this information.

This consent will expire on _____, or sixty days after the date below.

Name: (PLEASE PRINT)

Name of Witness: (PLEASE PRINT)

Signature of Parent/Guardian (I am nineteen years of age or older)

Signature of Witness/Behavioural Consultant

Date

Date

You are further requested not to disclose any information to any other person without my written authority.