

# CONSENT FOR THE RELEASE OF INFORMATION

I hereby authorize:

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(name of organization making disclosure)

To disclose records concerning:

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(name of client)

To:

TEEN CHALLENGE OF CENTRAL CANADA 83 Kate St. Winnipeg MB R3A 1J9

I understand that such disclosure will be made for use in intake considerations and the determination of courses of action necessary as part of the rehabilitation program. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it. If not earlier withdrawn, this consent expires thirty (30) days from the date of this letter.

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Signature of Client

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Current Date