

**CONSENT TO DISCLOSE INFORMATION**

I/We, \_\_\_\_\_, of \_\_\_\_\_,  
give consent for the disclosure of information regarding my file either verbally or in  
writing to or from the following:

- Ontario Works / ODSP. \_\_\_\_\_
- Medical Practitioner \_\_\_\_\_
- Psychiatrist \_\_\_\_\_
- Lawyer \_\_\_\_\_
- Case Manager \_\_\_\_\_
- Outreach Worker \_\_\_\_\_
- Children's Aid Worker \_\_\_\_\_
- Family \_\_\_\_\_
- Other (specify) \_\_\_\_\_

This consent remains in effect until: \_\_\_\_\_  
Date (m/d/y)

I/we have been informed and understand the nature of the consent.

\_\_\_\_\_  
Date (m/d/y)

\_\_\_\_\_  
Client

\_\_\_\_\_  
Witness