



**SECTION:**

**FORMS  
CONSENT TO EXCHANGE  
INFORMATION FORM**

**DATE APPROVED:**

**NOVEMBER 2008**

**DATE LAST REVISED:**

**AUGUST 2008**

**DATE LAST REVIEWED:**

**AUGUST 2008**

I/We, \_\_\_\_\_, agree to give permission to  
\_\_\_\_\_ to release to and/or obtain  
from Community Living Parry Sound, information pertaining to:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Date of Birth

I/We understand that the purpose of this exchange of information is to:

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

I/We understand that this agreement is in effect for one (1) year from the date indicated below and that it may be cancelled at any time by requesting in writing that it be voided.

\_\_\_\_\_  
Signature (Person Receiving Services/Child – if over 12)

\_\_\_\_\_  
Parent(s)/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date