**CONSENT TO RELEASE INFORMATION TO A 3RD PARTY**

Counselling is based on a confidential relationship. That is, the fact that you are receiving counselling, and what is discussed in sessions, will remain confidential between you and your Counsellor (or our Counselling Service) at all times. The only limits to this were explained in the Statement of Understanding that you received at the beginning of your sessions.

Occasionally your Counsellor might consider it necessary or helpful to speak to another person about your care, e.g. your General Practitioner (GP), a Mental health Team, or another person. Your Counsellor would explain fully to you why they believed this to be necessary or helpful, and ask for your consent to do this.

This form indicates that you are happy for your Counsellor to release information about you to another person, either in writing (by letter or email), or verbally (face to face or by telephone).

Once you have read this information, and it has been explained fully and clearly to you what information will be shared, who the information will be shared with and the purpose for sharing this information, please sing below to indicate that you are happy for your Counsellor to release this information about you.

I……………………………………………………………………(name of client) give my consent to my

Counsellor……………………………………………………(name) to release information about me. My

Counsellor has fully explained to me why they feel this to be necessary or helpful, and I

am happy for them to do so.

I have agreed for my Counsellor to release information to…………………………………………

(name of person, or agency) on this occasion only. I understand that should my Counsellor

believe it to be necessary or helpful to release information about me in the future I will

need to give consent by signing another form if I agree.

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| --- | --- |
| Signed : | (Client) |
| Signed : | (Counsellor) |
| Date : |  |