Family Counselling Centres

5108C 47 STREET
LEDUC, AB T9E6Y9
TEL: 780.612.8577

REQUEST TO RELEASE CLIENT INFORMATION

CLIENT INFORMATION:

CLIENT NAME: ______________________ **DATE OF BIRTH:** ______________________

ADDRESS: ____

CITY/TOWN: ______________ **PROVINCE:** __________ **POSTAL CODE:** __________

ABOUT YOUR REQUEST:

CLINICIAN NAME: ______________________ **DATES SEEN:** ______________________

REQUEST DETAILS:

- ☐ APPOINTMENT ATTENDANCE SUMMARY - **$30.00**
- ☐ TREATMENT SUMMARY FOR LEGAL PURPOSES - **$240.00**
  **Includes one hour review by clinician and treatment summary letter.*
- ☐ CLIENT FILE RELEASE TO CLINICIAN / FCC LOCATION - **$0.00**

CONSENT:

**The release of health information under the Alberta Health Information Act requires consent by both custodial parents unless there are supporting legal documents to state otherwise.*

CLIENT/GUARDIAN NAME	CLIENT/GUARDIAN SIGNATURE	DATE
GUARDIAN NAME	GUARDIAN SIGNATURE	DATE

OFFICE USE ONLY	
DATE RECEIVED:	
DATE RELEASED:	
RELEASED BY:	