

Client Information

Name: _____ Status Card # (if applicable): _____

Address: _____

Telephone Number: _____ Is it Okay to leave a message? Y/N

Reason Client Seeking Services at This Time

_____**Referred by Staff/Worker/Physician:**

Agency: _____

Telephone Number or best contact info : _____

Consent to Communicate with Staff/WorkerI, _____, hereby authorize the release and collection of
(Print client/substitute decision maker name)information between _____ and
(Print STAFF/WORKER name and agency)

Qualia Counselling Services.

The information being disclosed or collected consists of:

- My personal health information
- The personal health information of _____
(Name of the person for whom you are the substitute decision-maker*)

Mental health related information to be shared between the referrer and Qualia
for treatment planning, updates, and support

I understand the purpose for disclosing this personal health information to the person noted
above. I understand that I can refuse to sign this consent form.OR Verbal Consent provided to Worker _____ by
_____ for the purpose of being contacted for mental health
counselling.

Client or Substitute Decision Maker's Name: _____

Signature: _____ Date: _____