



# Release of Information

Strictly Confidential

I, \_\_\_\_\_  
(Name of Employee or Family Member)

Through: \_\_\_\_\_ contract with Optum  
(Name of contract)

Give my permission to: \_\_\_\_\_  
(Optum counsellor or designate)

To consult the following individuals about the specified information:

**OR**

To consult the following individuals about the specified information regarding my  
child: \_\_\_\_\_

1. The period of approved consent should not exceed 90 days from the date of consent for any one specific release of information. When the release of information is required for ongoing service, one year will serve as the maximum.
2. The counsellor will request that information shared with the following contact(s) be held in the strictest confidence.
3. I understand that I can withdraw my consent at any time by signing and dating a statement to that effect.

Name of Individual consulted:		
Position:		
Specific Information to be discussed: (see below)		
Purpose of consultation: (see below)		
Valid Until:		
Client/Parent Signature:		
Date:		

Check box to confirm that a copy of this signed release has been offered to the person authorizing this disclosure of confidential information

Clarification notes:

- **Specific information** could be: depression; family situation; work situation; verification and dates of attendance; all counselling issues; family issues, etc.
- **Purpose** could be: to ease work tension; to inform; to ensure safety; to research; to find resources; etc.

