

BOBCAT INTEGRATIVE CONSULTING

Consent of Release of Information to:

(Circle one or both of the following names)

Catriona O'Curry, M.A., A.B.S. **and/or** Robert Harris, M.A.

To: _____ Re: _____

I hereby request and authorize that you disclose to

_____ the following information:

For the purpose

of _____

I understand that the parties named have agreed to honor client confidentiality, except under the circumstances described above, in as far as they are bound to within reasonable limits. If there is believed to be a danger to the clients life, or the life of any persons acquainted with the client, then BobCat Integrative Consulting considers it their moral obligation to break confidentiality where deemed pertinent to saving a life or preventing harm to a person's health or wellbeing.

Specification of the date, event or condition (other than the one stated above) upon which this consent expires:

Signature of client _____ Signature of witness _____

Date: