



Authority to Disclose Information

Client Information			
First name (s)			
Last name			
Preferred name			
Address:			
Contact numbers	Mobile number		Alternative number
Email address			
Organisation's name			

I, _____ (full name of client) hereby authorise EAP Services Limited to release

Describe in detail what can be disclosed

I consent that the above information may be disclosed to the following people:

Name	Relationship to client (e.g. line manager)	Phone	Email

Personal Statement

- I understand that the information in this form will be reviewed by the EAP Services team and may be made available to the person(s) listed above.
- I declare that the above information is true and correct.

Signature

Date

Witness Name and Signature

Date