

AUTHORITY TO DISCLOSE INFORMATION

TO: _____ POSITION: _____

ADDRESS: _____

TELEPHONE: _____ MOBILE: _____

I _____ hereby authorise EAP Services Limited to release the following information to the person named above.

Letter of attendance detailing dates of sessions and Counsellors/Professionals name.

Other (Please specify).

I understand I have the right to inspect any written information that may be disclosed.

NAME: _____ SIGNED: _____

ORGANISATION: _____ DATE: ____ / ____ / _____