

Authority for disclosure of information

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

Letter of attendance Client file notes

to the person named below:

Name: _____

e.g. self, manager, lawyer etc. (full name)

Address: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Witness

Name (full name of witness): _____

Address: _____

Telephone: _____

Email: _____

Signature: _____

(Witness)

Date: _____

Please return by email to cst@eapservices.co.nz