



Jeanette Dadson
LENS Technician
19647 44B Ave.
Langley B.C. V3A 5W3
778-554-6524

RELEASE OF INFORMATION

I, _____ hereby consent to and authorize Jeanette Dadson,
to release all information gained during evaluative and therapy sessions with me to

_____ for the purpose of consultation.

It is understood that this authorization for release of information applies only to the person(s) named,
and does not permit the release of information concerning me to any other person(s) or institutions.

I, _____ hereby consent to and authorize Jeanette Dadson,
to release all information gained during evaluative and therapy sessions with me to

_____ for the purpose of consultation.

It is understood that this authorization for release of information applies only to the person(s) named,
and does not permit the release of information concerning me to any other person(s) or institutions.

Signature

Date

Witness