



ERIKA ENGEL
PSYCHOTHERAPY | COACHING

Informed Consent for Sharing Patient Information with your GP, Dr. _____

Informed consent -

All of our communication becomes part of the clinical record and is kept within the strictest confidence. Information can only be disclosed or released to third parties with your written consent. As Dr. _____ referred you for psychotherapy, kindly read and sign this document to allow me to share clinical information with him.

In all cases, professional discretion is employed, and only relevant and necessary personal health information will be disclosed.

Information Disclosure:

What information may be disclosed:

Presenting difficulties

Clinical information arising from our sessions and recommendations regarding your treatment plan

Consent:

By signing below, I indicate that I have read the above document, that I have an opportunity to ask about its content, that I understand its content, and that I consent to Erika Engel RP to disclose the above-mentioned information with Dr. _____.

Signature of the client

Printed Name

Date

Erika Engel

Date
