



Willow Tree Psychology and Wellbeing
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Consent to Release Information - Adult

Title: (please circle) Dr Mr Mrs Ms Master Miss Other _____
 Full Name: _____ Preferred Name: _____ D.O.B: ___/___/___
 Sex: Male/Female/Intersex/Other _____ Pronouns: _____ Age: _____

Obtaining Information

I consent to the Willow Tree Psychology and Wellbeing Psychologist / Mental Health Social Worker (name of clinician: _____), to obtain information from the agencies/individuals listed below, that is considered necessary and relevant to my psychological assessment/management. Examples of such information may include medical reports, mental health history, behavioural information, current difficulties, hearing/vision assessments and any other relevant allied health professionals' reports. This information will be used to better understand you, assist you, and assist with psychological treatment plans.

Agencies / Individuals			
Name	Organisation	Phone	Email

Releasing Information

I consent to the Willow Tree Psychology and Wellbeing Psychologist / Mental Health Social Worker (clinician name: _____) releasing information to the agencies / individuals listed below, that is considered necessary and relevant to my psychological assessment/management. Examples of such information may include psychological reports, diagnoses, behavioural information, mental health history, and current difficulties. The information shared will be that to further understand and assist you.

Agencies / Individuals			
Name	Organisation	Phone	Email

 Signature

 Name (Please Print)

 Date