



NDIS - AUTHORITY TO OBTAIN / RELEASE INFORMATION

I have been provided with a copy of the APS Charter for clients of Psychologists, and give OGI Potential the authority to obtain/release information from/to the following parties as part of my treatment:

*

*

Name (Client): _____ DOB: _____

Address: _____

Phone: _____

Signature: _____ Date: _____