Beverly Ellenbogen, M.A. Psychological Associate

Registration # 5595, College of Psychologists of Ontario

35-725 Brian Peck Crescent, East York, ON, M4G 0A5 ellenbogenbeverly@gmail.com; 416-893-7606

Client Name:	Date of Birth:
Parent Name:	X Signature:
Disclosure of Personal Information <i>to</i> Beverly Ellenbogen: I,	
(name of individual or legal guardian) Hereby give my consent to:	
To disclose the following personal information:	
The personal information being disclosed will be used for:	
Disclosure of Personal Information <i>from</i> Beverly Ellenbogen: I,	
Hereby give my consent to disclose the following personal information:	
To:	
The personal information being disclosed will be used for:	