



## CONSENT TO RELEASE INFORMATION FORM

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of employee: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

Name of counsellor: \_\_\_\_\_

This is to certify that I formally give permission for my EAP counsellor to provide an EAPworks Ltd Wellness Manager and/or an EAPworks Ltd Director relevant information/ feedback regarding the following details:

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### Signed

Client: \_\_\_\_\_

Counsellor: \_\_\_\_\_

 0800 SELF HELP (0800 735 343)

 [info@eapworks.co.nz](mailto:info@eapworks.co.nz)

 [www.eapworks.co.nz](http://www.eapworks.co.nz)

**Head for Business Heart for People**

