



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:

Signed:

Client: _____

Counsellor: _____